

Case Number:	CM14-0002859		
Date Assigned:	01/22/2014	Date of Injury:	02/15/2005
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year old patient with a 2/15/2005 date of injury. He slipped and fell on some oil. His right foot got stuck under a carrack and he fell forward, striking his forehead on the concrete. He also landed on his elbow. He didn't remember the fall. On a 05/15/2012 office visit, objective findings showed that he was thin, had a very stiff neck, had some palpable spasm. His follow up visit on 06/19/2012 indicated that the patient was going through the process to get a pain pump, and wean the oral and topical medication. Objective finding findings revealed neck tenderness, back stiffness and tightness with +SLR, also indicated tight hamstring bilaterally. On an 11/13/2012 office visit, the patient indicated that he is satisfied with the pump now, but it was bothering him under the skin. The patient had some benefits from intrathecal morphine pump in that he has decreased his pain levels a little bit. At that time, he started to take Norco and remained on previous medications. On 11/21/2012 office visit the patient refused an IT pump refill and reprogramming. His medication back then was Soma 350 mg take 1 x3 a day, Vicodin 5-500 mg. take 1 x4 a day, Phenergan 50mg take ½ -1 tab q 8 hr, Duragesic 100 mcg/hr patch, 1 patch q 48 hr. On 02/06/2013 UR modified the use of Ultracet, Soma, testosterone and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

VICODIN 5/500MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with a stiff neck, back pain. Over the course of several follow up visits, the patient progressed from medical management to an intrathecal morphine pump, in order to reduce the quantity of his oral medication. However, this patient has used opioids for a long time and didn't have satisfactory results for pain relief. In addition, there is no reason to change one opioid analgesic with another one. It is unclear why the patient refused the latest intrathecal pump refill. Therefore the request for VICODIN 5/500MG #120 was not medically necessary.