

Case Number:	CM14-0003866		
Date Assigned:	02/03/2014	Date of Injury:	05/01/2008
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Family Practice, and is licensed to practice in Tennessee, California, and Virginia. 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:

The injured worker is a 43 year old male injured on 5/1/08 due to significant fall. Documentation indicated that the injured worker continued to complain of low back pain radiating to the left hip and left lower extremity to the calf status post L5-S1 fusion. Clinical documentation dated 12/5/13 indicated that the injured worker received ongoing treatment for back, cervical spine, left shoulder, right pelvic fracture, left elbow fracture, radius fracture, and left ulnar fracture pain. Medications included Vicodin 5-500mg twice daily, Cymbalta 30mg every night at bedtime, Butrans 20mcg per hour patch, Inderal 20mg twice daily, and Ambien 20mg every night at bedtime. Documentation indicated that previous urine drug screens were inconsistent, lacking the presence of both Butrans and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG#60: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20 OPIOIDS, CRITERIA FOR USE, 77

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there recent urine drug screen reports indicated inconsistencies with patient compliance. This was not addressed in the documentation provided. As such, the request is not medically necessary.