

Case Number:	CM14-0006919		
Date Assigned:	02/07/2014	Date of Injury:	11/16/2009
Decision Date:	07/21/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 55-year-old male with an 11/16/2009 date of injury. A specific mechanism of injury was not described. Status post hernia repair on 12/1/11 and repeat hernia repair on 3/19/13. 12/31/13 determination rendered a modified certification. The requested medication Vicodin ES 7.5/750 mg # 60 with two (2) refills, modified to Vicodin ES 7.5/750 mg # 48 with 0 refills. The reasons for this modification included that the patient had been on Vicodin since November 2012, no functional improvement, and the patient returned to work over a year ago with modified duties. A weaning scheduled was recommended. 12/23/13 progress report identifies that symptoms are about the same and the patient continues to have chronic pain. There was tenderness in the lumbar paraspinal muscles and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF VICODIN ES 7.5/750 MG # 60 WITH TWO (2) REFILLS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 79-81.

Decision rationale: The patient has chronic pain, for which takes Vicodin apparently since 2012. The medical records do not provide any discussion regarding endpoints of treatment. In addition, there is no clear indication of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There are no methods of medication monitoring documented, such as urine toxicology tests or CURES report. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to avoid withdrawal symptoms.