

Case Number:	CM14-0007273		
Date Assigned:	06/13/2014	Date of Injury:	07/21/2011
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/20/2014

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 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:

The injured worker is a 43 year old female who sustained an injury on 07/21/11 when she fell down several stairs sustaining an injury to the low back with radiating pain into the left lower extremity. The injured worker had been followed by [REDACTED] for pain management. The clinical report on 12/10/13 noted ongoing chronic and persistent pain in the neck and low back with limited range of motion. It does appear that the injured worker was working full time as it was hard to accommodate her for physical therapy. The injured worker was utilizing Vicodin for pain which reduced her pain score by 50% from 8 to 4/10 on the visual analogue scale (VAS). On physical examination, there was ongoing muscular tenderness in the neck and low back paraspinal regions. There was noted loss of range of motion above the neck and low back. The injured worker was recommended to continue with Vicodin and to resume physical therapy as well as a home exercise program. It is noted that there was an inconsistent finding regarding Hydrocodone which was a prescribed medication in July of 2013. The toxicology report from 07/20/13 noted no findings for Hydrocodone although this was a prescribed medication. The submitted request for Vicodin 5/500mg, quantity 120 was initially denied by utilization review on 01/13/14. Per the utilization report, the amount of Vicodin requested was modified to a quantity of 90 to facilitate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500MG ONE PO Q12 H PRN #90, NO REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Vicodin 5/500mg quantity 90 with no refills, this reviewer would have recommended this request as medically necessary. This is the modified amount recommended by the previous reviewer on 01/13/14 to facilitate a weaning period. This reviewer does agree that the injured worker should not have been abruptly stopped on narcotic medications as guidelines do recommend an appropriate weaning period for discontinuation. The quantity of 90 would have been appropriate to facilitate the injured worker's weaning period. Therefore, this request is medically necessary.

VICODIN(HYDROCODONE 5/500MG)#120TABS 1-2 TAB PO EVERY 6-8 HOURS AS NEEDED FOR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Vicodin 5/500mg quantity 120, there is no indication from [REDACTED] clinical reports that the injured worker was obtaining any ongoing benefits functionally from the use of Vicodin. Although this medication was provided pain benefit per the most recent reports by [REDACTED], a specific functional benefit was not attributed to the medication. Furthermore, the clinical documentation did not specifically address previous inconsistent urine drug screen findings which found no evidence of Hydrocodone use although this was a prescribed medication in July of 2013. No further compliance measures to include toxicology results were available for review to support the continued use of Vicodin as prescribed. Therefore, this request is not medically necessary.