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| Case Number: | CM14-0103668 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 08/22/2006 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 07/05/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60-year-old with a date of injury on 08/22/2006. The listed diagnoses by [REDACTED] are; thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral disk degeneration, sprains and strains of the thoracic region and sprains and strains of the lumbar region. The patient complains of lower back pain. The patient rates the pain 8 out of 10. The pain is characterized as shooting, radiating to the right hip, right thigh, and right leg. He states that medications are helping and tolerates the medications well. Patient shows no evidence of developing medication dependency. With the current medication regimen, his pain symptoms are adequately managed. The patient's level of sleep has stayed the same, which is poor. The examination shows range of motion is restricted in the lumbar spine, limited by pain. Straight leg rising is positive on both sides at 90 degrees. Power of hip flexor is 5 out of 5 on the right and 5 out of 5 on the left. Sensory examination is normal in all areas of the body. The utilization review denied the request on 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/300MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88, 89.

Decision rationale: The MTUS Guidelines states, pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument. MTUS also requires documentation of the four A's including; analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. It is noted that the patient is tolerating his medications well and shows no evidence of medication dependency. With the current medication regimen, his pain symptoms are adequately managed. It is not documented before and after analgesia, no specifics regarding ADLs or significant improvement. There is no mention of quality of life changes, and no discussions regarding pain assessments, as required by MTUS. Given partially met criteria, recommendation is for slow tapering of the opiate and is not medically necessary.