

Case Number:	CM14-0105457		
Date Assigned:	07/30/2014	Date of Injury:	12/04/2004
Decision Date:	09/26/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/08/2014

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 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 41-year old cable TV worker reported injuries to his low back, neck, right arm and right knee after falling 20 feet from a pole on 12/4/04. He continues to be followed for low back and neck symptoms. Treatment has included medications, physical therapy and epidural steroid injections. Neck surgery has been recommended. He has been following with his current primary providing physician since at least 6/30/13, which is the first progress note in the available records. I have reviewed all of the available progress notes on and after that date, which include 12/3/13, 1/30/14, 3/25/14, 4/22/14, and 6/10/14. Nearly all of the notes state that the patient is "taking Hydrocodone/APAP," though it is variously described as Norco 5/325mg, Vicodin 5/325mg and Vicodin 5/300mg. All of the notes document that the patient has ongoing pain, but do not quantify it. Most of the notes state that the patient was advised to "continue activities as tolerated," but do not describe what those activities are, and whether or not they are changing. None of the notes document a work status. The patient's Hydrocodone/APAP consumption remained at about the same level of 3-4 pills per day, and up to 6/day for pain flares, until the 6/10/14 visit. On that date the primary providing physician noted that the patient had been having a significant flare of his low back pain, and that he had been taking 6-7 Vicodin per day for about 3 weeks. Physical exam was notable for tenderness and spasm of the lumbar paraspinal muscles, decreased back range of motion, and no documented focal neurological findings. An MRI report from 12/7/06 was reviewed. The patient's functional level and work restrictions are not mentioned. Apparently a request for authorization for Vicodin 5/300 #60 was received in UR on 6/19/14 and non-certified on 6/28/14. (No copy of it is available in the records.) A request for IMR in regards to this decision was generated on 7/8/14. The only diagnosis documented in the record by the primary providing physician is that noted on the IMR request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60 with four (4) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, and Criteria for use of Opioids Page(s): 60; 76-77.

Decision rationale: Hydrocodone is an opioid medication, and therefore falls under guidelines for medications in general and for opioids specifically. Per guidelines cited above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. Opioids should not be started without an evaluation of the patient's current status in terms of pain control and function. Red flags indicating that opioid use may not be helpful should be identified, as should risk factors for abuse. Opioids should be discontinued if there is no improvement in function or if there is a decrease in function. The clinical findings in this case do not demonstrate that any of the above criteria have been met. There is no documentation that Hydrocodone/APAP was introduced individually, with ongoing careful assessment of function. There is no documentation of evaluation of whether or not the patient's pain is nociceptive or neuropathic. No assessment was made of whether or not opioid use was likely to be helpful in this patient, or of his potential for abuse. Finally, hydrocodone/APAP was not discontinued when it became clear that it has not produced any functional improvement. Although the patient's level of function is not carefully documented in the records available, it appears that there have been no major changes between 6/3/13 and 6/10/14. There is certainly no documentation of an improvement in function. Based on the evidence-based guidelines cited above, and the clinical findings in this case, the request for Vicodin 5/300mg #60 is not medically.