

Case Number:	CM14-0013669		
Date Assigned:	02/26/2014	Date of Injury:	01/23/2001
Decision Date:	07/15/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational 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 is a 60-year old female patient with a 1/23/01 date of injury. The mechanism of injury was not provided. A progress report dated on 9/17/13 indicated that the patient had consistent back pain and a knee pain. Her knee pain was 7/10 with medication and 10/10 without medication. Range of motion was limited. In the progress report, dated on 1/8/14, she started to taper her Percocet, because it was not effective. The patient continued to be symptomatic. She was prescribed Vicodin. Objective findings demonstrated that flexion was 70 degrees, extension was 10 degrees, and bending to the right and left was also 10 degrees. There was noted that the patient did not abusing medication. She was diagnosed with failed back syndrome. An 11/7/13 supplemental report states the patient was permanent and stationary and has chronic pain. She is seen monthly for her pain medications, which allow her to perform her ADL's. A 2/2/14 supplemental report states the patient was tapered off Percocet 5/325 daily and Flexeril, but still has failed back syndrome and has chronic pain and she was tapered to Vicodin 7.5/300 recently in an attempt to still control her pain but taper down her opiate usage. Treatment to date: medication management and home exercise program. There is documentation of a previous 1/13/14 adverse determination, based on the fact that there was no documentation to support functional gains with prior opiate use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF VICODIN 7.5/300MG #30 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with continued pain in the back and knee, and limited range of motion. She was taking Percocet chronically, with mild decreases in pain from a 10/10 to a 7/10. She was tapered off Percocet 5/325 daily due to its inactivity, which is an MED of 7.5, to Vicodin 7.5/300 daily which is an MED of 7.5, with the idea that Vicodin was not as strong an opiate. However, this is the same MED, hence the patient's daily opiate dose is not tapering at all. Therefore, the request as submitted was not medically necessary.