MAXIMUS Federal Services

Case Number:	CM14-0117200		
Date Assigned:	08/08/2014	Date of Injury:	01/02/1997
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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 Osteopathic Family Practice, has a subspecialty in 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:

The patient is a 50 year old male who sustained an industrial injury on 1/2/1997 to his neck, the left shoulder, upper and low back. Cervical and lumbar spine MRI has revealed spinal stenosis and nerve root impigement. Treatment to date has consisted of CESI, LESI and medications. The patient was seen on 5/7/14 reporting very mild relieft with cervical ESI performed on 3/31/14 and 4/14/14. He reports having had lumbar ESI with no change in symptoms. Objective examination noted normal gait. The patient was diagnosed with failed back sydrome. The patient was prescribed Vicodin 5/325 mg #120 with 6 refills. The patient was seen on 6/18/14 reporting feeling the same. He reports slight improvement with LESI and CESI. He is taking 2-4 Vicodin per day. It is noted that Vicodin has been denied. UR dated 7/15/14 modified the request for Vicodin #840 to allow for #360. The prior peer reviewer noted that further authorization will be dependant on documented objective evidence of derived functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg, quantity: 120, with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient has positive findings on MRI and has failed epidural steroid injections. While the patient is on low MED, the request for 6 refills is excessive. A prior peer review has modified this request to allow for #360. Further requests for opioid medication should be submitted with recent examination reports documenting improvement with ongoing use of Vicodin. Modification cannot be rendered with this review. In addition, the patient's date of injury is dated in 1997 and long term use of opioids is not supported per evidence based guidelines. Given the patient's ongoing pain complaints, consideration may be given to tramadol which is a synthetic opioid and is significantly safer than hydrocodone. Therefore, the request for Vicodin 5/300 mg, quantity: 120, with 6 refills are not medically necessary.