

Case Number:	CM14-0126731		
Date Assigned:	08/13/2014	Date of Injury:	06/22/2006
Decision Date:	12/30/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 51-year-old female who sustained an industrial injury on 06/22/06 and is receiving treatment for neck sprain. Most recently on 07/25/14, the patient reports subjective complaints of neck, back, and shoulder pain 7/10 which is constant, achy, and worse with activity. Review of symptoms includes numbness, joint pain, muscle stiffness, insomnia, and depression. Medications include Norco, Prilosec, and Celebrex. Medications reportedly decrease pain from 7/10 to 5/10 and allow the patient to exercise; no side effects noted. Objective findings demonstrate decreased, painful range of motion with tenderness to palpation diffusely on the neck; lumbar spine decreased, painful range of motion to 70%. Treatment plan noted patient failed trials of Cymbalta, Savella, Motrin, Lyrica, Neurontin due to side effects including stomach upset. The patient states hydrocodone reduces pain by 50% and allows her to continue working, no signs of aberrant behavior or abuse, and no side effects. Urine drug screen, dated 03/19/14 notes that Norco was indicated for this patient, but was not detected. On progress note date 05/27/14, UDS, dated 05/12/14, was reportedly consistent with use of Norco. Due to the reported benefit with Norco previously, a trial (one month) of Vicodin 5/300 mg was recommended for certification with documentation of benefit and complaint UDS should ongoing use be requested. The Request for - Vicodin 5/300mg #50 was previously modified one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, specific drug.

Decision rationale: The patient presents with pain in neck, back and bilateral shoulders, rated 7/10, and accompanied by numbness, joint pain and muscle stiffness, as per progress report dated 07/25/14. The request is for Vicodin 5/300mg #50. ODG guidelines, chapter 'Pain (Chronic)' and topic 'Opioids, specific drug list', states that hydrocodone/acetaminophen drugs, such as Vicodin, are "Indicated for moderate to moderately severe pain." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. Review of the progress reports indicates that this is the first prescription for Vicodin. The patient has used Norco in the past, at least since before 05/06/14, as per progress report with the same date. The treater states that medications decrease the pain level from 7/10 to 5/10 in progress report dated 07/25/14. In the same report, the treater states that "Hydrocodone reduces pain by 50% and allows her to continue working, no signs of aberrant behavior or abuse, and no side effects." Urine Drug Screen results, as per progress report dated 05/06/14, were inconsistent to Norco use. The patient stated in that report "she takes more Norco than prescribed and runs out early." UDS from the 07/25/14 progress report indicates consistent Norco use. Given the analgesia, the patient's working status and adequate documentation of side effects and opiate monitoring, opiate use may be reasonable. However, the patient does not present with a specific diagnosis that would warrant the use of chronic opiates. There is diagnosis of neuropathy, arthritis, nociceptive or mechanical etiology supported by MTUS for possible chronic use of opiates. The patient merely presents with sprain/strain, and chronic pain syndrome without an underlying pathology. Recommendation is for denial.