MAXIMUS Federal Services

Case Number:	CM14-0157602		
Date Assigned:	09/30/2014	Date of Injury:	01/30/2007
Decision Date:	11/05/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 30, 2007.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; topical agents; earlier lumbar laminectomy; and total hip arthroplasty.In a Utilization Review Report dated August 27, 2014, the claims administrator retrospectively denied a request for Vicodin.The applicant's attorney subsequently appealed.In an August 7, 2014 progress note, the applicant reported persistent complaints of knee pain. The applicant stated that he was afraid his knee would buckle on him. The applicant was ambulating with the aid of crutches. The applicant was afraid to potential falling. The applicant was status post bilateral total hip arthroplasties, it was noted. The applicant had long-term issues with rheumatoid arthritis, it was further noted. The applicant's medication list included Percocet, Cleocin, Phenergan, Verapamil, Enalapril, Hydrochlorothiazide, Celebrex, Zoloft, and Norco. The applicant was severely obese with a BMI of 42. The applicant had severe knee arthritis. A knee brace was sought. There was no explicit discussion of medication efficacy.In a handwritten note dated July 16, 2014, difficult to follow, not entirely legible, the applicant was described as having persistent complaints of low back pain. It was stated that the applicant was awaiting a spinal cord stimulator on his knee for pain medications would likely diminish following introduction of the spinal cord stimulator. There was explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Vicodin 7.5/300 mg #150 (DOS 7/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91,127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is having difficulty performing activities of daily living as basic as standing and walking. Neither of the applicant's treating providers have outlined any quantifiable decrements in pain or material improvements in function achieved as result of ongoing Vicodin usage. Therefore, the request was not medically necessary.