

Case Number:	CM14-0172603		
Date Assigned:	10/23/2014	Date of Injury:	03/13/2006
Decision Date:	12/02/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/20/2014

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 is licensed to practice in Illinois. 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 injured worker is a 49-year-old male who reported an injury on 03/13/2006. The mechanism of injury was noted to be a twisting/whiplash injury to his low back. The diagnoses included an L3-4 herniated disc, status post L4-5 and L5-S1 fusion, radiculopathy, moderate lumbar muscle spasm, and chronic low back pain. The past treatments have included oral ibuprofen, gabapentin, misoprostol, Tizanidine, topical creams, Toradol/Kenalog injections, and trigger point injections. A urine drug screening, dated 06/06/2014, was positive for Hydrocodone and Meprobamate. Meprobamate was not a prescribed medication at that time. The physician documented a discussion with the injured worker regarding the use of medications outside of the prescription regimen. The progress note, dated 09/23/2014, noted the injured worker complained of low back pain rated 8/10. The injured worker was noted to have no side effects related to medication use. The physical exam documented severe pain related limitations and a number of pain behaviors congruent with the injured worker's noted dysfunction. The injured worker's medications included hydrocodone/APAP 10/325 mg (1 tablet 4 times a day as needed for pain), ibuprofen (as needed), and Tizanidine 4 mg (twice a day as needed for spasm). The physician recommended to continue the hydrocodone and Tizanidine and to check the injured worker's serum opiate levels and a CURES report with the next visit. The physician further noted the injured worker had an agreement regarding opioid therapy. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin Extra Strength #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

Decision rationale: The injured worker had pain to his low back rated 8/10 with pain medication. The California MTUS Guidelines recommend opioids as a second line treatment for moderate to moderately severe pain and for long term management of chronic pain when pain and functional improvements are measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed for ongoing management of opioids. The injured worker had been prescribed hydrocodone since as early as 03/2014. The pain ratings with medication at that time were 4/10 to 6/10. There is a lack of documentation indicating the injured worker has had significant objective functional improvement or pain relief with the medication. It is also not clear whether the Vicodin extra strength requested is the equivalent of, a replacement for, or to be given in addition to the hydrocodone/APAP 10/325mg #180 the injured worker was also prescribed. Additionally, the request does not indicate the dose or frequency intended in order to establish the necessity of the medication. Given the lack of efficacy of the medication and the exclusion of the dosage and frequency prescribed on the request, the request for Vicodin is not supported at this time. Therefore, the request for Vicodin Extra Strength #45 is not medically necessary and appropriate.