

Case Number:	CM14-0180286		
Date Assigned:	11/04/2014	Date of Injury:	08/24/2009
Decision Date:	12/30/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/30/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 45-year-old male with an original industrial injury on August 24, 2009. The industrial diagnoses include chronic ankle pain, pain in a joint involving the ankle and foot, lumbar radiculopathy, and chronic low back pain. The patient has pain in the low back radiating down the leg. The patient has undergone lumbar disc replacement in August 30, 2011 at the level of L4-5. The patient had right foot excision of dorsal mass on 6/9/2013. The disputed issue is a request for Vicodin 5/300 mg, number 120. This was denied in a utilization review on September 29, 2014. The stated rationale for the denial was that there was no evidence of increased function with the use of opioids and whether there have been reported adverse effects or aberrant drug taking behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. According to a progress note on date of service October 9, 2014, there is documentation of no adverse side effects, no aberrant behaviors, analgesic benefit from opiates, and functional improvement. The requesting provider also specifies that a pain contract has been signed. The provider specifies that there is "no evidence of doctor shopping, uncontrolled drug escalation or drug divergent." Given this documentation, this request is medically necessary.