

Case Number:	CM14-0180660		
Date Assigned:	11/05/2014	Date of Injury:	02/02/2000
Decision Date:	12/26/2014	UR Denial Date:	10/16/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 59-year-old male who has submitted a claim for pain in joint (shoulder region) associated with an industrial injury date of February 2, 2000. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the low back, cervical area, thoracic area and left shoulder. The physical examination documents that the patient is alert and oriented with no sedation and is pleasantly conversational. There was no recent examination of the neck, shoulder, or back. Treatment to date has included Lyrica, Vicodin, Tylenol, surgery, and Lidoderm patches. The 4 A's were reviewed and the patient was noted to have improved pain control and function with the current Vicodin regiment but notes an adverse effect of gastritis. The last urine drug screen performed on June 3, 2014 showed consistent results with current medication regimen. The utilization review from October 16, 2014 denied the request for Vicodin 5-300mg (qty: #38 by mouth, 1/2 to 1 tablet daily to twice daily, maximum 2 daily, for management of symptoms related to the low back, cervical, thoracic and left shoulder, as an out-patient) because there was lack of objective evidence pertaining to the back provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5-300mg QTY: #38 by mouth, 1/2 to 1 tablet daily to twice daily, maximum 2 daily, for management of symptoms related to the low back, cervical, thoracic and left shoulder, as an out-patient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. 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. In this case, the patient had been taking Vicodin for pain. The 4 A's were reviewed and the patient was noted to have improved pain control and function with the current Vicodin regimen but notes an adverse effect of gastritis. The last urine drug screen performed on June 3, 2014 showed consistent results with current medication regimen. However, the patient's current complete status is not known as there was no objective evidence pertaining to the painful areas provided. Therefore, the request for "Vicodin 5-300mg QTY: #38 by mouth, 1/2 to 1 tablet daily to twice daily, maximum 2 daily, for management of symptoms related to the low back, cervical, thoracic and left shoulder, as an out-patient" is not medically necessary.