

Case Number:	CM14-0022045		
Date Assigned:	06/11/2014	Date of Injury:	11/26/1990
Decision Date:	07/14/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery 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 62-year-old male injured on November 26, 1990. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 16, 2014, indicated that there were ongoing complaints of low back pain and bilateral lower extremity pain. Previous treatment with Vicodin was stated, and that without this pain medication, the injured employee's pain was 9/10, and with this medication, it was 4/10. With Vicodin usage, there was also reported increased ability to participate in activities of daily living, recreation and achieve better sleep. The physical examination demonstrated an antalgic gait and difficulty with transfers from sitting to standing. The injured employee was noted to ambulate with the use of a cane. There was decreased lumbar spine range of motion. Prior urine toxicology screens were noted to be appropriate, and there were no signs of medication misuse or aberrant behavior. There was a diagnoses of lumbar sacral disc degeneration, lumbar radiculopathy, cervical radiculopathy, as well as myalgias and myositis. There was a prescription for Vicodin ES to be taken one tablet three times per day as needed. A request had been made for Vicodin ES and was previously certified in the pre-authorization process on April 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN ES 7.5/300 MG #630: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Ongoing Management) Page(s): 78 of 127.

Decision rationale: There was a previous utilization management review performed for Vicodin ES, on April 8, 2014, which did certify the use of this medication. A subsequent treatment note, dated June 16, 2014, also notes that there has been a significant reduction in pain as well as an improvement of function and activities of daily living while using Vicodin ES. There were normal urine drug screens performed and no signs of medication misuse. For these reasons, this request for Vicodin ES is medically necessary based on Chronic Pain Medical Treatment Guidelines.