MAXIMUS Federal Services

Case Number:	CM14-0022308		
Date Assigned:	05/09/2014	Date of Injury:	12/21/2002
Decision Date:	09/12/2014	UR Denial Date:	01/16/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 12/21/2002. The mechanism of injury was not provided. On 01/10/2014, the injured worker presented with photophobia and headaches with nausea. On examination, the injured worker had post-traumatic headache/migraine. The provider stated that the injured worker responds favorably to Botox. Noise and light with excessive heat and cold aggravate the injured worker's pain. Current medications included Vicodin and Motrin. Prior treatment included Botox injections and medications. The diagnoses were not provided. The provider recommended Vicodin and Motrin, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/500 #112 X2: Upheld

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

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

Decision rationale: The request for Vicodin 5/500 #112 x2 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. The efficacy of the prior use Vicodin was not provided. As such, the request is not medically necessary.

MOTRIN 200 MG #112 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Motrin 200 mg #112 x2 is not medically necessary. The California MTUS recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular and renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There was a lack of a complete and adequate pain assessment of the injured worker. The efficacy of the prior use of Motrin was not provided. Additionally, the provider's request does not indicate the frequency of the medication. As such, the request is not medically necessary.