

Case Number:	CM14-0022539		
Date Assigned:	05/09/2014	Date of Injury:	08/25/2003
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
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 California and Nevada. 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 claimant is a 49 year old male who sustained an injury on 08/25/03. No specific mechanism of injury was noted. The claimant was being followed by [REDACTED] for pain management. Prior treatment has included right occipital nerve blocks last performed in February of 2008 with ongoing benefit. The claimant was seen by [REDACTED] on 12/10/13. At this evaluation, the claimant was utilizing Imitrex 50mg for headaches, Vicodin 5/500mg 1 time in the day as needed, Rozerem 8mg, Topamax 50mg, and Trazodone 25mg. Physical examination noted no evidence of medication side effect. The claimant had a wide based slow gait assisted by a cane. There was tenderness present in the rhomboid and trapezial musculature. Tenderness was present over the greater occipital nerves. No neurological deficits were identified. The claimant was attending physical therapy as of this evaluation. The claimant was recommended to continue with Vicodin at this evaluation. Follow up on 02/04/14 noted no changes in symptoms. It was reported that medications were working well. Physical examination was unchanged. It was recommended that the claimant was to continue Vicodin as this was helpful as a secondary agent for more moderate persistent migraine pain as well as neck pain that exacerbated his headaches. This was being taken in conjunction with Imitrex and Topamax. Vicodin 5/500mg, quantity 30 with 1 refill was denied by utilization review on 02/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF VICODIN 5/500 MG # 30 WITH ONE REFILL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Based on the review of the clinical documentation submitted as well as California MTUS Guidelines, the patient meets the criteria for the request listed above. In this case, there were indications from the clinical reports that the patient was receiving substantial benefit in regards to headaches and neck pain with the relatively low use of Vicodin. The patient was only utilizing Vicodin once a day which was providing substantial benefit in conjunction with Topamax and Imitrex. The request for Vicodin 5/500mg # 30 with one refill is medically necessary and appropriate.