

Case Number:	CM14-0022823		
Date Assigned:	06/20/2014	Date of Injury:	07/20/2000
Decision Date:	08/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 50-year-old male who reported an injury on 07/20/2000. The mechanism of injury was not provided. On 01/16/2014, the injured worker presented with pain in the back and the bilateral legs. Upon examination, there was mild tenderness over the lower lumbar area and a positive straight leg raise. Current medications include Celebrex and occasional Vicodin. The provider recommended Vicodin 500/325mg. The provider's rationale was not provided. The request for authorization was dated 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 500/325 mg #40 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 51.

Decision rationale: The request for Vicodin 500/325mg #40 with 2 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back 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 of aberrant drug abuse behavior, and side effects. Additionally, the injured worker has been prescribed Vicodin since at least 12/2013; the efficacy of the medication was not provided. The provider's request for Vicodin does not indicate the frequency of the medication being requested and it is not clear in the request whether the injured worker is requesting Vicodin with a quantity of 40 and 2 refills. As such, the request for Vicodin 500/325mg #40 with 2 refills is not medically necessary.