MAXIMUS Federal Services

Case Number:	CM14-0025879		
Date Assigned:	06/13/2014	Date of Injury:	03/01/2007
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 injured worker is a 60 year old female who had work related injury on 03/01/07. The injured worker was working as a machine operator, when she fell on her right side while cleaning her machine. She had immediate low back and right leg symptoms. The injured worker was treated with medications, physical therapy which she stated helped her leg symptoms but not her back pain. MRI of the lumbar spine on 10/11/11 showed degenerative changes in L4-5 and L5-S1 interspace. Eelctrodiagnostic study (EMG/NCV) of lower extremities dated 09/11/08 revealed findings of prolonged bilateral H-reflex. She also underwent trigger point injections. The injured worker reported that vicodin 5/300mg twice daily did not help significantly. The most recent physical examination on 05/06/14 noted tenderness of the lumbar paraspinous muscles; without guarding or spasm. Negative straight leg raise and Faber test, decreased lumbar range of motion and normal motor strength. The injured worker was diagnosed with chronic low back pain. In reviewing the clinical documentation submitted for submitted I did not see any documentation of functional improvement, visual analogue scale (VAS) scores.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/300MG #60 WITH TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioid's.

Decision rationale: The request for Vicodin 7.5/300mg #60 with two refills is not medically necessary. The clinical documentation submitted and current evidence based guidelines do not support the request for Vicodin. In reviewing the clinical documentation submitted I did not see any documentation of functional improvement, or decrease in pain (no visual analogue scale VAS scores). Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore the request is not medically necessary and appropriate.