

Case Number:	CM14-0027672		
Date Assigned:	06/13/2014	Date of Injury:	04/24/2007
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/04/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, 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:

This is a male patient who sustained an industrial injury on 4/24/07. The patient reported the mechanism of placing a welding machine into a truck. He estimates that the machine weighed approximately 70 pounds. Diagnoses include lumbar radiculopathy, right hip pain, status post right L4 hemilaminectomy, depression related to chronic pain, and gastrointestinal symptoms secondary to medication use. A urine drug screen dated 10/31/13 was reported as consistent, positive for opiates. On 1/16/14, the patient was taking Vicodin 5/300 mg twice daily for pain in the knees. It was noted that Norco 10/325 mg does not provide analgesia through the night. His pain level is rated at 2-7/10. The most recent evaluation dated 6/3/14 revealed the patient had a signed opiate contract on July 25, 2013. Medications include Lyrica 50 mg, duloxetine 20 mg, Metamucil powder, omeprazole 20 mg, Pennsaid diclofenac, and Vicodin. It was noted that the patient has also been prescribed Xartemis extended release oxycodone/APAP as the patient continues to have pain with the use of Vicodin. There was reported that although function has not improved over the past six months with Vicodin, without use he cannot walk more than a block; with Vicodin he can walk a mile. His pain level ranged from 3-6/10. Tenderness and spasm was noted on exam to the lower thoracic region, and lumbar range of motion was limited. Lower extremity strength was reduced to the right lower extremity. Sensation was diminished. The treatment plan was to continue medications and reevaluate in one month. The patient was instructed on exercises. On 2/20/14 it was reported that with the use of Vicodin the patient is able to work for three hours and walk for one mile. On 3/18/14 it was noted patient has not worked since 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/300MG # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, criteria for use Page(s): 76-80.

Decision rationale: The California MTUS requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients taking opioids chronically. In this case, the patient reported pain levels of 2-7/10. Pain levels pre-and post medication use were not identified. With regard to functional benefit, there were conflicting reports, with some treatment notes indicating the patient was able to work for 3 hours and walk for 1 mile with the use of Vicodin; other notes throughout the same time indicated the patient had not worked since 2011. Despite the patient reporting pain relief with Vicodin, the patient reported Vicodin did not provide coverage at night, and Nucynta ER was therefore prescribed. Additionally, it is noted that the patient has long-standing chronic pain with a date of injury in 2007, and has been prescribed Vicodin for greater than one year. There is no discussion of previous attempts to wean the patient's dose, and instead it appears the patient's opioid medications have been increased. The frequency of dosing is not identified in this request. Given the lack of both subjective and objective/functional benefit identified, continued use of opioids in the chronic setting is not medically necessary.

NUCYNTA ER 100MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, criteria for use Page(s): 76-80.

Decision rationale: The California MTUS requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients taking opioids chronically. In this case, the patient reported pain levels of 2-7/10. Pain levels pre-and post medication use were not identified. With regard to functional benefit, there were conflicting reports, with some treatment notes indicating the patient was able to work for 3 hours and walk for 1 mile with the use of Vicodin; other notes throughout the same time indicated the patient had not worked since 2011. Despite the patient reporting pain relief with Vicodin, the patient reported Vicodin did not provide coverage at night, and Nucynta ER was therefore prescribed. Additionally, it is noted that the patient has long-standing chronic pain with a date of injury in 2007, and has been prescribed Vicodin for greater than one year. There is no discussion of previous attempts to wean the patient's dose, and instead it appears the patient's opioid medications have been increased. The frequency of dosing is not identified in this request. Given

the lack of both subjective and objective/functional benefit identified, continued use of opioids in the chronic setting is not medically necessary.

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