

Case Number:	CM14-0027904		
Date Assigned:	06/16/2014	Date of Injury:	01/30/2007
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 30, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; antidepressants; an earlier lumbar laminectomy surgery; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated February 14, 2014, the claims administrator partially certified a request for Vicodin apparently for weaning purposes, while approving Zoloft outright. The applicant's attorney subsequently appealed. In a handwritten note dated October 9, 2013, the applicant apparently presented with chronic low back pain and was asked to remain off of work indefinitely. The applicant was described as off of work on earlier handwritten notes interspersed throughout 2013, including August 9, 2013 and September 9, 2013. In a later handwritten note dated February 10, 2014, the applicant was given a refill of Vicodin and placed off of work. Zoloft was also renewed. The note was very difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 7.5/325MG #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioid topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. There is no clear evidence of any improvements in function and/or reduction in pain score achieved as a result of ongoing Vicodin usage. The documentation on file, it is incidentally noted, is sparse, handwritten, very difficult to follow and does not make any case for the medication in question. Therefore, the request is not medically necessary.