

Case Number:	CM14-0028624		
Date Assigned:	06/16/2014	Date of Injury:	04/03/2012
Decision Date:	08/13/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 injured worker is a 55-year-old female with a reported injury on 04/03/2012. She acquired the injury after being struck by a patient on the side of her head and hitting her head up against the wall. She subsequently complained of having a headache. The injured worker had an examination on 06/19/2014 for a follow-up evaluation. The injured worker had been hospitalized for aggravated back pain and was diagnosed at that time with left/right trochanteric bursitis as well as lumbar radiculopathy. She did continue to have neck pain and was also under psychiatric care for panic attacks. She had previous treatments with a TENS unit, physical therapy, medications and a home exercise program. The efficacy of those programs was not provided. Upon her physical examination, her cervical spine muscles were tender and spasms were present. Her range of motion was restricted. Her deep tendon reflexes were normal and symmetrical and her sensation was reduced bilaterally in her hands. Her list of medications included Medrox, ointment for pain relief ketoprofen, hydrocodone, orphenadrine, omeprazole, docusate sodium, tramadol, and clonazepam. There was no urine drug screen test provided to check for compliancy. The plan of treatment was to continue to follow-up with psychological sessions and to continue taking her medications. The request for authorization was signed and dated for 06/19/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF VICODIN ES 7.5/750MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 78-80, 124.

Decision rationale: The request for Vicodin ES 7.5/750 mg #60 is not medically necessary. The injured worker has complaints of headaches and was recently hospitalized for aggravated back pain and was diagnosed with left and right trochanteric bursitis, as well as lumbar radiculopathy and continued neck pain. She has had a history of using a TENS unit, physical therapy, medications, and a home exercise program. The efficacy of those programs was not provided. The CA MTUS Guidelines recommend for the ongoing management treatment of opioids documentation of pain relief, pain relief, side effect, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. There was a lack of documentation regarding pain relief as there was not a pain VAS (visual analog scale) provided. There were no side effects reported. There were no physical and psychosocial functioning deficits or improvements provided. There was not a urine drug screen test to verify her adherence of her prescription medications. There was no assessment regarding aberrant issues. Furthermore, the request does not specify the directions as far as frequency and duration. Therefore, the request for the Vicodin ES 7.5/750 mg is not medically necessary.