

Case Number:	CM14-0031260		
Date Assigned:	04/09/2014	Date of Injury:	06/07/2006
Decision Date:	05/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 patient is a 40-year-old female who sustained an injury on 6/7/06 when she fell out of a chair. As result of this injury she underwent a C5-C6 total disc arthroplasty and at C6-C7 anterior cervical discectomy and fusion. The patient complains daily of neck pain radiating to between her shoulder blades with associated headaches. She also continues to complain of difficulty swallowing. The patient uses supplemental oxygen at 4 L. There are multiple comorbidities including asthma, morbid obesity, dyspepsia, headaches, diabetes, anemia and psychiatric problems. Examination of 11/4/2013 reveals tenderness throughout both trapezius muscles. Motor strength in both upper extremities is normal. The patient is being maintained on Vicodin 5/504 times a day. She has had at least 1 urinary drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5-500 1 BY MOUTH FOUR TIMES A DAY #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state opioids have been suggested for neuropathic pain that has not responded to first line recommendations which are antidepressants and anticonvulsants. There are no long-term studies of the use of opioids with neuropathic pain. For chronic axial pain it appears efficacious but limited for short-term pain relief and long-term efficacy is unclear. If opioids are used for ongoing management, ongoing monitoring of chronic pain, the patient needs to be documented these include the 4 A's which effect of the analgesic, activities of daily living, adverse side effects, and aberrant drug taking behavior. Also the lowest possible dose should be prescribed to improve pain and function. Based on the medical records provided for review the patient is taking 2 g of acetaminophen in a day if she follows her prescription. There are combinations of opioid with acetaminophen which contain a lower dose of acetaminophen. The patient did have at least one drug screen, there is no documentation of misuse of medication and there is no documentation of continuing review of overall situation with regards to non-opioid means of pain control. There is also no documentation of the functional improvement she gets with the opioids. The request for Vicodin 5-500 1 by mouth four times a day # 120 is not medically necessary and appropriate.