

Case Number:	CM14-0032838		
Date Assigned:	06/20/2014	Date of Injury:	10/15/1997
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/14/2014

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, has a subspecialty in Preventive 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 neck pain, chronic low back pain, bilateral wrist pain, and fibromyalgia reportedly associated with an industrial injury of October 15, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representations; psychotropic medications; and wrist splinting. In a Utilization Review Report dated February 26, 2014, the claims administrator partially certified a request for Vicodin for weaning purposes and denied a request for Motrin outright. The claims administrator's rationale was difficult to follow and used an outlined format. The claims administrator apparently based its denial for Motrin on its opinion that NSAIDs would not be safe in an applicant over 60 and suggested that the applicant use Tylenol and/or Ultram in lieu of the Motrin and Vicodin being proposed here. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated May 8, 2013, the applicant was described as receiving a "disability pension." The applicant was, however, performing some light housework, shopping, driving, and stretching. The applicant was able to engage in a social life with his family and friends. The applicant stated that she had pain with cooking. The applicant stated that Vicodin was giving her 85% pain relief and lasting for four hours and also allowing her to sleep. The applicant's medication list included Vicodin, Levoxyl, Celexa, Zocor, Motrin, and Robaxin. It was stated that the applicant was using Motrin rarely. It was acknowledged, however, that the applicant was receiving Social Security Disability Insurance (SSDI). The applicant was severely obese with a BMI of 42, it was stated. On February 18, 2014, the applicant presented with heightened complaints of right leg pain, 8/10, with associated digital numbness. The applicant had retired, it was stated. The applicant was using Vicodin, Robaxin, Motrin, and Celexa, it was stated. The applicant weighed 234 pounds, it was stated on this occasion. Prescriptions for Vicodin and Motrin were sought. Permanent

work restrictions were renewed. On November 18, 2013, the applicant presented to the treating provider reporting persistent 6-7/10 neck, low back, and knee pain. The applicant was not working, it was stated. The applicant's medication list again included Vicodin, Robaxin, Motrin, and Celexa. Wrist braces and Vicodin were endorsed. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300MG Quantity 100 Three Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 95, 98.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work, although this could be a function of age and/or retirement as opposed to her industrial injury. Nevertheless, there is no recent evidence of any improvements in terms of performance of activities of daily living and/or reduction in pain levels achieved as a result of ongoing of opioid usage in any recent progress note provided. The applicant's primary treating provider has failed to make any mention of medication efficacy on progress notes interspersed throughout late 2013 and early 2014. While the applicant's medical-legal evaluator did suggest that the applicant was benefiting from Vicodin usage on May 1, 2013, this was not echoed by notes of the primary treating provider (PTP) of February 18, 2014 and November 18, 2013. The applicant's pain level was described as heightened on these occasions. There was no mention of any heightened ability to perform activities of daily living achieved through ongoing Vicodin usage. Therefore, the request is not medically necessary.

Motrin 800 MG Quantity 90 Three Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Motrin do represent a traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, in this case, this is qualified by statements made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, which note that it is incumbent upon the attending provider to incorporate some discussion on medication efficacy into his choice of

recommendations. In this case, however, the applicant's prescribing provider has not made any mention of medication efficacy on either progress notes on November 2013 or February 2014. There was no mention of any lasting benefit or functional improvement achieved through ongoing Motrin usage. The applicant has not returned to work. The applicant remains reliant and dependent on opioid agents, including Vicodin. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Motrin. Therefore, the request is not medically necessary.