

Case Number:	CM14-0034248		
Date Assigned:	06/20/2014	Date of Injury:	08/09/2010
Decision Date:	07/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/19/2014

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 Texas and Oklahoma. 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 who is a 37-year-old female who reported an injury on 08/09/2010 due to an unknown mechanism. On 06/02/2014 the injured worker called in for a medication refill for Vicodin 5/325mg. It was noted the chart was reviewed to determine the appropriateness of the request for the Vicodin refill. It was noted that an evaluation and management decision was reviewed regarding the injured worker amount, dosing schedule, and contraindications was reviewed by the provider. The injured worker was not seen on 06/02/2014. The injured worker medication includes Soma 350 mg, Ambien 10mg, Ibuprofen 600mg, Docusate 100mg, Flexeril 5mg, Skelaxin 800mg, Amitriptyline 25mg, Neurontin 300mg, Cymbalta 60 mg and Vicodin 5/325mg. The injured worker diagnoses include lumbosacral spondylosis without myelopathy and lumbar sacral arthritis, osteoarthritis and spondyl. The treatment plan included for a decision for Vicodin 5/325mg quantity 90. The authorization for this request was submitted on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 76-78.

Decision rationale: The request for Vicodin 5/325mg quantity 90 is non-certified, the request for prospective Vicodin 5/325 mg # 90 is non-certified. The injured worker called in for a medication refill on Vicodin 5/325mg on 06/02/2014. The injured worker was not seen on 06/02/2014. There is ongoing documentation indicated Vicodin 5/325mg prescription from 09/18/2013. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is lack of documentation stating the efficacy of the Vicodin 5/325 mg of the medication. There was no documentation of provided of the injured worker conservative care to include opioid medication management and no physical examination done on 06/02/2014 to report injured worker physical condition. There is a lack of documentation regarding average pain, intensity of pain, or longevity of pain relief. There was no urine drug screens provided the injured worker to validate the injured worker usage of the injured worker prescribed usage for on-going management. In addition, the request does not include the frequency. Given the above, the request for the ongoing use of Vicodin 5/325mg quantity 90 is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such the request is not medically necessary.