

Case Number:	CM14-0038117		
Date Assigned:	06/25/2014	Date of Injury:	06/12/1998
Decision Date:	08/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 06/12/1998. The diagnoses included degenerative lumbar/lumbosacral disc, postlaminectomy syndrome, cervicalgia, lumbago, and muscle spasms. The injured worker underwent a laminectomy in 2000. The medication history included Vicodin 5/500, heparin 5000 U/mL (daily), metformin 1000 mg (daily), Lantis 100 U/mL (8 units a day), and MS-Contin 15 mg (3 times a day) as of 10/2013. The mechanism of injury was lifting and twisting activities. The prior treatments included physical therapy, pain medications, and a home exercise program. The documentation of 03/11/2014 revealed the injured worker had persistent symptoms of chronic low back pain. The documentation indicated the injured worker was taking 3 to 4 Vicodin tablets daily and was not having side effects from the medications, and was tolerating the medications. The objective findings revealed the injured worker was displaying no aberrant behavior. The injured worker was walking with a slightly analgic gait. The treatment plan included the continued use of Vicodin and MS-Contin 15 mg twice a day as the injured worker was managing well with the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325 mg, three times a day, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation the injured worker has an objective decrease in pain as well as is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 10/2013. There was a lack of documentation indicating the injured worker had an objective decrease in pain and an objective increase in function to support ongoing usage. Given the above, the request for Vicodin 5/325 mg, three times a day, #90 is not medically necessary.