

Case Number:	CM14-0039357		
Date Assigned:	06/27/2014	Date of Injury:	03/05/2004
Decision Date:	08/13/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/03/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 3/5/04. He was seen by his primary treating physician on 3/6/14 with complaints of neck pain. His medications included Mobi and Vicodin for pain prescribed since at least 1/9/14. His physical exam was painful and decreased flexion/extension. His upper and lower extremity motor and sensory exam was normal. He had tendef paravertebral muscles in his lumbar spine but normal range of motion. His diagnosis was cervical discopathy. At issue in this review is the refill of Mobic and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 74-80 Page(s): 74-80.

Decision rationale: This 50 year old injured worker has chronic neck pain with an injury sustained in 2004. His medical course has included numerous treatment modalities including ongoing use of several medications including narcotics and Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). In Opioid use, ongoing review and documentation of pain relief, functional

status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 3/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Therefore, Vicodin 5/500mg is not medically necessary.

Mobic 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page 66-73 Page(s): 66-73.

Decision rationale: This 50 year old injured worker has chronic neck pain with an injury sustained in 2004. His medical course has included numerous treatment modalities including ongoing use of several medications including narcotics and NSAIDs. The medical records fail to document any improvement in pain or functional status to justify ongoing use. He is also receiving Opioid Analgesics. Such as, Mobic 15mg is not medically necessary.