

Case Number:	CM14-0043265		
Date Assigned:	06/20/2014	Date of Injury:	11/17/2011
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 and is licensed to practice in Nevada. 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 61-year-old female was reportedly injured on November 17, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 24, 2014, indicates that there are ongoing complaints of lower back pain with spasms as well as numbness and tingling. The physical examination demonstrated ambulation with a cane. There was tenderness over the lower lumbar spinous processes and decreased lumbar spine range of motion. Lumbar spasms were present. There was noted to be weakness in the lower extremities. The treatment plan included a prescription of Vicodin which was stated to help the injured employee to participate in activities of daily living. There was also a request for aqua therapy which was recommended due to the injured employee's obesity. Previous treatment includes six sessions of physical therapy and prior aquatic therapy. A request had been made for Vicodin and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 5/300 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Ongoing Management Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: According to the most recent progress note dated February 24, 2014, Vicodin is stated to help the injured employee perform activities of daily living, however there is no noted objective measure of pain improvement, or documentation of its ability to allow the patient to return to work. Additionally potential side effects and aberrant behavior were not addressed. For these reasons, the request for Vicodin is not medically necessary and appropriate.