

Case Number:	CM14-0044606		
Date Assigned:	07/02/2014	Date of Injury:	05/15/2012
Decision Date:	09/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 28-year-old male with a reported date of injury on 05/15/2012. The mechanism of injury was noted to be from a twisting injury. His diagnoses were noted to include cervical sprain/strain, thoracic sprain/strain, lumbosacral sprain/strain, and right knee sprain/strain. His previous treatments were noted to include chiropractic treatment, physical therapy, and medications. The progress note dated 11/15/2013 revealed complaints of mid-back, low back, neck, right knee, and bilateral leg pain and numbness. The physical examination revealed positive cervical, thoracic, and lumbar muscle spasms with tenderness to the right knee. The Request for Authorization form was not submitted within the medical records. The request was for Vicodin/300 mg #45. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5-300mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 81. Decision based on Non-MTUS Citation ACOEM Chapter 6 page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 03/2013. According to the MTUS Chronic Pain Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation with evidence of decreased pain on a numerical scale with use of medications, improved functional status, side effects, and as to whether the injured workers has had consistent urine drug screens and when the last test was performed. Therefore, due to lack of documentation regarding significant pain relief, improved functional status, side effects, and without details regarding previous urine drug screen, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.