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| Case Number: | CM14-0047172 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 02/14/2013 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 04/10/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

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 California. 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 female with a reported injury on 02/14/2013. She was a healthcare giver and was helping a home care patient in the bathtub, when the patient started to fall back and it injured her back. Prior treatments included non-steroidal anti-inflammatory drugs, hot/cold packs, muscle relaxants, aquatic therapy and has had physical therapy on 05/27/2014. On 02/22/2014, the injured worker had an examination with complaints of severe pain in the lumbar area with numbness in her feet and legs and pain in her hips. She described the pain as being moderate at a 5/10 level. The recommended plan of treatment at that time was for physical therapy, aquatic therapy, chiropractic consult, and to continue her Vicodin at 5/325 mg and for Motrin. On 05/27/2014, the physical therapy report mentioned that she had received 8 treatments for the treatment of her lumbalgia. The injured worker rated her pain at a 4/10 to 5/10 at best. The range of motion stayed pretty much the same, except for the extension from 30 degrees prior to 25 degrees. Strength to her quads and hamstrings had improved. The injured worker did have results of decreased pain, increased range of motion and strength and had improved her ability to perform functional activities. The injured worker was instructed to continue with a home exercise program. The injured worker then had an examination on 06/09/2014 where she had an awkward appearing station and gait, and had difficulty walking on her toes and heels. She did have some restriction of the cervical spine with pain on range of motion. She had mild restriction of both of her shoulders, good range of motion of her elbows and wrists, and diminished reflexes. She had minimal restriction of both hips, restriction of both knees, and good range of motion of her ankles. Her diagnoses at that time included herniated disc left side, L5-S1 with significant degenerative changes, mechanical axial neck pain, sprain/strain injury, thoracic pain, pulmonary

compromise for which she was on Pulmicort, and a smoker of a half a pack per day. The plan of treatment at that time was for her to possibly have some more water therapy, chiropractic treatment, and a back stabilization posture-strengthening program. The Request for Authorization for the Vicodin was signed and dated on 02/22/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Vicodin 5/325 #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80,124.

Decision rationale: The request for Vicodin 5/325 mg Qty 90 with 3 refills is not medically necessary. The injured worker has had an injury to her back. She had tried non-steroidal anti-inflammatory drugs, hot/cold packs, muscle relaxants, and physical therapy. The California MTUS Guidelines do recommend for ongoing monitoring, the documentation of pain relief, side effects, the physical and psychosocial functioning, and the occurrence of any potentially aberrant or (non-adherent) drug-related behaviors. The California MTUS Guidelines also state to continue opioids when the injured worker returns to work. There is no evidence that the injured worker has returned to work. Also, it states to continue if the injured worker has improved functioning and pain. The California MTUS Guidelines also recommend the weaning of opioids and tapering them off. According to the latest note on 06/09/2014, it seemed as if the injured worker has had worsening symptoms and worsening pain. She did not complain of any side effects. There was no urine drug screen test provided to confirm that the injured worker is consistent with her medication regimen. According, to the last evaluation, it would appear that there was not improved functioning and pain. The injured worker was started on Vicodin on 02/15/2013. There is no evidence that it has been tapered off to a lower dose or any evidence that they have tried to wean her off that medication. Furthermore, the request does not specify directions as far as duration and frequency. Therefore, the request for Vicodin 5/325 mg Qty 90 is not medically necessary.

1 tilt table: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg, durable medical equipment.

Decision rationale: The request for Tilt table is not medically necessary. The California MTUS and the American college of occupational and environmental medicine guidelines do not address the request. The official disability guidelines recommend medical equipment is it can withstand

repeated use, if it is primarily and customarily used to serve a medical purpose and if it is appropriate for use in a patient's home. There is a lack of documentation and evidence of the intended use of this equipment. The examination provided did not mention the rationale for the table. The clinical information fails to meet the evidenced-based guidelines for the request of a Tilt table. Therefore, the request is not medically necessary.