

Case Number:	CM14-0060330		
Date Assigned:	07/09/2014	Date of Injury:	12/02/2011
Decision Date:	08/13/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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 Chiropractic and Acupuncture, 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 patient is a 48-year-old female who was injured on 12/02/2011 when she tripped and fell. There are no medical records to review except what has been provided on the utilization review. Diagnostic studies were reviewed. According to the UR, the patient has a diagnosis of lumbar radiculitis, left femoral nerve, gastritis, medication related to dyspepsia, and vitamin D sufficiency. She reported low back pain that is aggravated by activity and walking and lower extremity pain in the left hip and knee and upper left leg pain. She rated her pain as 7-9/10 in intensity with medications and 9/10 without medications. Her functional improvement has improved in bathing, brushing teeth, climbing stairs, cobing/washing hair, dressing, mood, reading, shopping and writing. Her examination showed a slowed gait with the use of crutches in order to ambulate. Her lumbar exam shows tenderness to palpation in the paravertebral area at L5-S1. Range of motion shows decreased flexion limited to 70 degrees due to pain and extension limited to 20 degrees due to pain. Her pain increased in flexion and extension. Her motor exam showed decreased strength of the extensor muscles along the L3-4 dermatome in the left lower extremity. She was recommended Vicodin 5/300mg #60. Prior utilization review dated 04/21/2014 states the request for Vicodin 5/300 mg # 60 is certified to allow trial to taper to a lower dose or cessation if possible by decreasing dosage by 10% every 2-4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids & weaning of medications Page(s) : 74-95 and 124 respectively.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: Vicodin 5/300mg (Hydrocodone 5mg + Acetaminophen 300mg) is classified as a short-acting opioids, that is often used for intermittent or breakthrough pain. Guidelines indicate “four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the “4 A’s” (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors).” The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. The guidelines also state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not demonstrate either return to work or significant improvement in pain level with opioid use. The pain level is rated as 7-9/10 in intensity with medications and 9/10 without medications and there is no detail on the functional improvement. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. Therefore, the medical necessity for Vicodin 5/300mg # 60 has not been established.