

Case Number:	CM14-0061706		
Date Assigned:	07/09/2014	Date of Injury:	03/18/2010
Decision Date:	08/28/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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 & Rehab 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 33-year-old-male who sustained an industrial injury on 03/18/2010. He experienced the injury while he was lifting trash bags into a large dumpster and experienced pain in his lower back. On exam of the range of motion of the thoracolumbar spine was severely limited. The patient could only forward flex to approximately 20 degrees and extend to 5 to 10 degrees before stopping to complain of back pain. Lateral bending was also limited significantly to approximately 5 degrees before the patient stopped to complain of pain. He continues to ambulate with a cane. There is tenderness with some spasm in the paralumbar area. Examination of cervical spine reveals the following range of motion: Flexion: 52 degrees, extension: 63 degrees, right lateral flexion: 46 degrees, left lateral flexion: 46 degrees, right rotation: 81 degrees, and left rotation: 79 degrees. MRI of the lumbar spine demonstrated a minimal central canal stenosis at L5-S1, with ligamentum flavum hypertrophy and moderate bilateral neural foramina narrowing with no other findings at the adjacent levels. Current medications are Flexeril, Vicoprofen, naproxen and Ambien. Diagnosis: Lumbosacral neuritis, cervical disc displacement, lumbar sprain, and sciatica. UR determination denied request for Vicoprofen 7.5-200mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone bit-Ibuprofen (Vicoprofen) 7.5/200 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioids, which is often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. 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 nonadherent) 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)." In this case, there is no documentation of any significant improvement in pain or function with prior use. There is no documentation of a drug urine test to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for hydrocodone has not been established.