MAXIMUS Federal Services

Case Number:	CM14-0079776		
Date Assigned:	07/18/2014	Date of Injury:	02/02/2012
Decision Date:	11/03/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/30/2014

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 Illinois. 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 49-year-old female who reported a work related injury on 02/02/2012. The mechanism of injury was not provided for review. The injured worker's relevant diagnosis consists of cervical disc without myelopathy, and other diagnoses include upper, lateral epicondyles, sprain, and strain of the lumbosacral, hypertension, and diabetes mellitus. The injured worker's past treatment has consisted of medication management, physical therapy, and a home exercise program. The most recent clinical note provided for review was dated 07/16/2014. Within the documentation, it was noted that the injured worker did not take her medications the morning of the exam. Upon a prior examination on 06/04/2014, the injured worker was noted to be taking medications as directed and complained of lumbar spine pain. The injured worker's prescribed medications were not provided for review. The treatment plan consisted of continuing current medications. The rationale for the request and a request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 (unknown quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: The request for Vicodin is not medically necessary. The California MTUS recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment, current pain, the least reported pain over the period since the last assessment, average pain and intensity after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 4 domains have been proposed as the most important in monitoring of chronic pain patients on opioids which includes; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. The injured worker's most recent clinical note was dated 07/16/2014. The documentation does not provide up to date clinical information that contains evidence of significant measureable subjective information and functional improvement because of continued opioid use. In order to determine whether Vicodin is medically necessary and an updated clinical examination has to be provided. There is a lack of documentation indicating that the injured worker has increased ability to continue activities of daily living with the use of Vicodin, and there is a lack of documentation indicating the adverse effects of the medication, or whether a risk assessment of the injured worker for drug-related behaviors has been addressed. Therefore, it was unclear what the injured worker's current prescribed medication regimen consisted of. Additionally, there was no mention in the records if the request for Vicodin was an initial request or for continued use. As such, the request for Vicodin is not medically necessary.