

Case Number:	CM14-0093473		
Date Assigned:	07/25/2014	Date of Injury:	02/22/2010
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 male who reported injury on 02/22/2010; the mechanism of injury was cumulative trauma. The injured worker was diagnosed with gastritis/medication induced gastropathy, constipation, medication induced, cephalgia, headache, insomnia, left foot drop, and cervical and lumbar sprains and strains. Prior treatments included a cervical pillow, a lumbar brace, TENS unit, left knee brace, lumbar cushion, physical therapy, epidural steroid injections, as well as cognitive behavioral sleep program and transcranial magnetic stimulation therapy. Diagnostic studies included MRI scans of the cervical spine, thoracic spine, and lumbar spine in 2010, an electrodiagnostic study of the upper and lower extremities in 2010, MRI of the cervical spine, thoracic spine, and lumbar spine in 2011, MRI of the left knee, and x-rays of the cervical spine. The urine drug screen performed on 05/30/2014 revealed hydrocodone, norhydrocodone, and phenobarbital was present. Norhydrocodone and hydrocodone were consistent with the injured worker's medication regimen; however, there is no prescription for phenobarbital. The clinical note dated 06/10/2014 noted the injured worker reported pain to the neck, shoulder, mid back, and low back. The provider indicated the injured worker was taking Vicodin and Tylenol. The injured worker took Tylenol when Vicodin was not available. The provider indicated the injured worker developed gastritis and constipation which would require treatment. The physician's treatment plan included recommendations to continue the prescribed medication regimen. The rationale for the request was not provided in the medical records. The request for authorization was dated 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (Vicodin) 7.5/300mg # 30 Day Supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

Decision rationale: The request for hydrocodone/APAP (Vicodin) 7.5/300 mg #30 days supply is neither medically necessary nor appropriate. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The requesting physician's rationale for the request is not indicated within the provided documentation. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for hydrocodone/APAP (Vicodin) 7.5/300 mg #30 days supply is not medically necessary and appropriate.