

Case Number:	CM14-0094315		
Date Assigned:	07/25/2014	Date of Injury:	11/02/2007
Decision Date:	08/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 11/2/2007. Per primary treating physician's progress report dated 4/17/2014 the injured worker complains of leg pain. His condition occurred as a result of a work injury and has existed for an extended amount of time. Pain is described as aching, burning, cramping, pounding, radiating, ripping, sharp, shooting, stabbing, tingling, numbness, weakness, pins and needles and swollen. Severity of condition is rated 6/10. He is experiencing limited movement, stiffness, swelling, weakness, sharp pain and cramping. He indicates climbing stairs worsens condition, medications improves condition and rest improves condition. He also has back pain, low back pain and lumbar complaints. He is experiencing radicular pain in right and left leg. The pain occurred as a result of work injury. Back pain is located in the lumbar area, right leg, left leg and mid back. He indicates back extension, back flexion, hip extension, hip flexion, hip rotation, and stretching worsens condition. Severity is rated at 3-4/10. It starts to hurt at night at a 6/10. Back pain is described as aching, burning, dull and spasming. He notes benefit with the use of Butrans patch even at low dose 30% with anticipated benefit with a higher dose and given that he had a stroke, the medication is the safest in delivery and side effect profile with no anticipated cardiac, or pulmonary restrictions. He has no signs of illicit drug abuse or diversion. On examination he is in no apparent distress. Gait and station examination is wheelchair bound. There is tenderness from the right extending to the bottom of his foot. Weakness is rated at 3/5 with dorsiflexion. Plantar flexion remains strong. There is pain with radicular symptoms from the lumbar spine to lower right extremity. He has left leg paralysis with swelling. He is having early contractures of the left upper extremity, status post stroke. He continues to have obvious findings for axial lumbosacral spinal pain which is likely facet origin, and potentially discogenic in nature with some neuropathic component. Lumbosacral exam reveals pain with valsalva, pain to palpation over the L4 to L5 and L5 to S1

facet capsules bilateral, pain with rotational extension indicative of facet capsular tears bilateral and secondary myofascial pain with triggering, ropey fibrotic banding and spasm bilateral. He does have significant post stroke findings of left sided weakness that is fairly global regarding upper and lower extremity. He does have loss of sensory and motor function of the left upper and lower extremity. There is slight sensation in the left lower extremity with touch. Right lower extremity has 5/5 strength, however, he cannot stand up for a complete physical exam. Diagnoses include 1) status post acute disc herniation/extrusion at L4-5 status post right L4-5 microdiscectomy 2) H.pylori positive 3) depression and adjustment disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5-500mg Qty 60 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95,124.

Decision rationale: The claims administrator notes that a previous peer review was performed on 10/4/2013 and Vicodin 5/500 mg was certified. There has been no functional benefits as a result of treatment with Vicodin. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Vicodin 5-500 mg Qty 60 and 2 refills is determined not to be medically necessary.