

Case Number:	CM14-0096294		
Date Assigned:	09/15/2014	Date of Injury:	09/02/2003
Decision Date:	10/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 53 year old male with a date of injury of 09/02/03. The mechanism of injury is described as working as a driller lifting a drill and sustaining an injury to his upper back. The submitted records indicate the injured worker has been treated for chronic pain with medications including Percocet. He was seen on 07/09/14 and his pain was rated at 7/10 at that time. It was noted that opioid pain medication had been discontinued since he had 2 urine drug tests that were positive for medications that were not being prescribed for him, indicating he was in non-compliance with his opioid contract. When the injured worker returned on 08/07/14 his pain was rated at 8/10 and it was noted that opioid medication prescriptions had been discontinued for this injured worker due to non-compliance. On June 12, 2014, a utilization review determination modified the request for Vicodin 5/300mg #80 with 2 refills with 1 prescription for Vicodin 5/300mg #60 with 0 refills. There was lack of documentation of functional improvement on exam. The request has been made for Vicodin 5/300mg #80 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg, #80 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
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Decision rationale: The submitted records indicate the injured worker has been noncompliant with opioid medications in the past, his pain was rated at 8/10 not indicative efficacy of Vicodin for his pain control. Guidelines would recommend urine drug screen that would be appropriate with the medication being prescribed and it is documentation of non-compliance, guidelines would recommend discontinuing opioid medications. The 4 A's of opioid management have not been documented for this review. Due to the lack of documentation of compliance with this medication and due to the documentation indicating the medication is not providing significant pain relief for this injured worker, the request is not considered medically necessary at this time.