MAXIMUS Federal Services

Case Number:	CM14-0096897		
Date Assigned:	07/28/2014	Date of Injury:	07/06/2011
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 31-year-old male who reported an injury on 07/06/2011. The mechanism of injury was noted to be repetitive motion. His diagnoses include chronic pain syndrome and lumbar spondylosis. His previous treatments included Epidural Steroid Injections, lumbar surgery, pain medication, and topical analgesics. On 05/21/2014, the injured worker presented with low back pain rated 4/10. It was noted that he was taking Vicoprofen 3 to 4 times a day, as well as Zantac, and he had been unable to tolerate Ibuprofen. His medications were noted to include Norco 7.5/200 mg, Celebrex, and Voltaren gel. The treatment plan indicated that the injured worker had been working on tapering down his opioid medication, but had not made much progress, and was struggling with taking the non-steroidal anti-inflammatory drug, as it was bothering his stomach. Therefore, it was noted that his medication would be changed to Celebrex; and his Norco 7.5/200 mg and Voltaren gel was refilled. The 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:

Vicoden 7.5/200 mg. #100: 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, On-going Management Page(s): 78..

Decision rationale: The request is not medically necessary. According to the California MTUS Chronic Pain Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker had not been able to taper off his opioid medications, and a detailed pain assessment showing evidence of quantifiable pain relief with use of this medication was not provided. In addition, there was no clear documentation showing functional gains with use of opioid medications and he was noted to have significant stomach upset. In addition, documentation was not provided to show evidence of appropriate medication use, including results of a urine drug screen verifying compliance. Further, the documentation indicated that the injured worker was previously on Vicoprofen, but reported stomach upset from the NSAID. Therefore, it was noted that he would be prescribed Norco. However, the dose (7.5/200 mg) is not a recognized dosing for Norco. Therefore, further clarification is needed regarding whether the treatment plan was for a new prescription for Norco or continued use of Vicoprofen. Furthermore, the request failed to provide a frequency. Based on the above, the request is not medically necessary.