

Case Number:	CM14-0099682		
Date Assigned:	07/28/2014	Date of Injury:	10/09/2012
Decision Date:	08/29/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/30/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 29-year-old male who reported an injury 10/09/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 07/03/2014 indicated diagnosis of neural encroachment L4-5 with radiculopathy. The injured worker reported low back pain with right lower extremity symptoms rated 6/10. The injured worker completed 12 sessions of physical therapy and reported it improved his range of motion and improved tolerance to standing and walking. The injured worker reported medication does help. The injured worker denied side effects. On the physical exam of the lumbar spine, there was tenderness to the lumbar spine. Lumbar range of motion decreased. The injured worker had a positive straight leg raise on the right for pain to foot at 35 degrees with difficulty rising from a seated position. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Vicodin and Naproxen. The provider submitted a request for Vicodin. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg #60: 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 California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Although the injured worker reported his medication did help, there was no significant evidence of an objective assessment of the injured worker's evaluation of risk for aberrant drug use and behaviors. In addition, it was not indicated that the injured worker had a pain contract. Moreover, it was not indicated when the injured worker's last urine drug screen was performed. Additionally, the request did not indicate a frequency for the Vicodin. Such as, Vicodin 5/500mg #60 is not medically necessary.