MAXIMUS Federal Services

Case Number:	CM14-0122623		
Date Assigned:	09/16/2014	Date of Injury:	05/29/1990
Decision Date:	02/03/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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, and is licensed to practice in Tennessee. 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 61-year-old female who reported an injury on 05/29/1990. The mechanism of the injury occurred when the injured worker slipped helping a patient falling on the floor, and hit the coccyx on a wheel of a rolling stool or chair. Diagnoses included drug withdrawal, moderate major depression recurrent episodes, diabetes mellitus, gastroparesis, diabetic neuropathy, and lower back pain. The patient presented on 10/07/2014 with complaints of nausea, myalgias, feeling nauseated, and cold since her OxyContin was denied a week ago. She rated her pain an 8/10 using the VAS. The physical examination was positive for muscle cramps, diarrhea, nausea, and vomiting, diffuse myalgias neurologically, diminished to absent sensations to the feet bilaterally, with extension into the lower legs, right greater than left. Sensation intact in hands to light touch and able to diminish monofilament touch on feet. Prior surgeries included a partial discectomy at the L4-5 dated 06/12/1997. Treatment plan included refill for the Vicodin 10/300 mg #240, three months to allow for weaning. The Request for Authorization dated 07/27/2014 was provided within documentation. The rationale was to allow for weaning of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/300 mg #240, Morphine equivalent dose medication =260mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

Decision rationale: The request for Vicodin 10/300 mg #240, Morphine equivalent dose (MED) = 260mg is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The documentation should also include objective functional improvement, an objective decrease in pain, and pain assessment of current pain, least reported pain from the prior assessment, average pain, and intensity of pain, how long the pain lasts. Evidence that the patient is being monitored for aberrant drug behavior and side effects. The activities of daily living were not addressed. The clinical notes dated 07/28/2014 indicated the injured worker, rated her pain a 4/10, the clinical notes dated 10/07/2014, stated the injured worker rated her pain an 8/10, on the Visual Analogue Scale (VAS). Suggesting the Vicodin had no efficacy. The cumulative dosing of all opioids should not exceed 120 mg oral Morphine equivalent per day. The injured worker is taking 260mg daily, which exceeds the recommended daily dosage. Additionally, the frequency was not addressed. Therefore, the request for the Vicodin 10/300 mg #240, Morphine equivalent dose medication = 260mg is not medically necessary.