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| Case Number: | CM14-0175581 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 06/22/2006 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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 Interventional Spine 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:

The patient is a 51 year old female with a date of injury of 6/22/06. The listed diagnoses are neck strain/sprain, chronic pain syndrome and displacement lumbar disc with myelopathy. According to progress report 7/25/14, the patient presents with neck, low back and bilateral shoulder pain. The patient is utilizing the medications Prilosec 20mg, Norco 10/325mg and Celebrex 200mg. Medications reduce the patient's pain from 7/10 to 5/10, and allow her to exercise. The patient was administered an in office qualitative urine drug screen to evaluate for medication management. There are no side effects reported. The patient is permanent and stationary. Examination revealed "neck: decreased painful range of motion (ROM) with thrombotic thrombocytopenic purpura (TTP) diffusely. Lumbar spine: decreased painful ROM, 70%." The provider is requesting authorization for trial of Vicodin 5/300mg #45. Utilization review denied the request on 10/8/14. Treatment reports from 3/11/14 through 7/25/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Initiating Opioids Page(s): 76-78.

Decision rationale: This patient presents with neck, low back and bilateral shoulder pain. The current request is for Vicodin 5/300mg #45. This is an initial request for this medication. Under treatment plan, the provider states that a trial of Vicodin is being requested as Hydrocodone reduces pain by 50%. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, the provider has provided baseline pain by stating that Norco only provides 50% pain relief. The provider has made a request to add Vicodin to the patient's medication regimen. Recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities." Therefore, the requested Vicodin is not medically necessary.