

Case Number:	CM14-0178394		
Date Assigned:	10/31/2014	Date of Injury:	05/29/1990
Decision Date:	01/08/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 & Rehabilitation 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:

This patient's underlying date of injury is 05/29/1990. The initial mechanism of injury is that the patient was lifting a patient. The patient's diagnosis is a failed back surgery syndrome with a history of a lumbar laminectomy in June 1997 and a second lumbar decompressive procedure in July 1997. On 07/02/2014, the patient was seen in primary treating physician followup with a request for pain medication refills. The patient reported that she had ongoing back pain. The treating physician notes that the patient was not cooperative with the history and asked the physician to refer to her medical chart. The physician indicated he would need an extended visit in order to obtain the details of the patient's history, and thus no examination could be performed. The physician indicated that he did not wish to continue the patient's narcotics at current levels until he was convinced that the patient required such dosages. The treating physician noted the patient's Vicodin had been reduced by 30 tablets per month for the last 2 months, and he planned to maintain this and reduce the patient's OxyContin to 180 tablets per month. An initial physician review noted that the 4 A's of opioid management had not been met and modified a request for Vicodin from 240 tablets to 150 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin HP 10/300mg, 4 per day with 2 refills, #240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management discusses the 4 A's of opioid management in detail, emphasizing a need to document functional benefit to continue opioid treatment as well as screening for risks of aberrant behavior. The treating physician notes in the medical record that the patient has not been cooperative with these 4 A's of opioid management and that he plans to continue a taper of opioid medications for this reason. The treating physician's plan to taper the patient's opioid medications is consistent with the treatment guidelines. However, 2 refills for Vicodin would not be consistent with such guidelines, given the need for ongoing close supervision when opioids are being provided, in particular during an opioid taper. Thus, it would be appropriate for the treating physician to resubmit a request consistent with the documented tapering plan. However, the current request as written for Vicodin #240 with 2 refills is not medically necessary.