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| Case Number: | CM14-0188166 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 03/21/2013 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Family medicine and is licensed to practice in New Jersey. 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 worker is a 45 year old female who was injured on 3/21/2013 after being attacked by a coworker. She was diagnosed with finger sprain, neck strain/sprain, thoracic strain/sprain, left shoulder strain/sprain/impingement syndrome, tension headache, cervical neck spasm, cervical/brachial neuritis/radiculitis, and cervical facet pain syndrome. He was treated with physical therapy, heat, cold, chiropractic treatments, and medication. She continued to use opioid medications chronically to help treat her pain following the injury. On 10/9/14, the worker was seen by her orthopedic physician for a follow-up visit and reporting her pain levels ranging from 5-10/10 on the pain scale on a daily basis without medication. She reported stopping the previously used Ultracet which caused headaches, but previous use of Vicodin helped to control her pain (no more details provided in the notes on how it affected her function and pain levels). Her greatest pain was reportedly in her left shoulder, but also had some pain in her left arm and low back at times. She was working full time with modified duty, but reported not sleeping well due to her pain. She reported smoking cigarettes and drinking alcohol on a regular basis. She was then recommended Vicodin to replace the Ultracet for pain control. She was also recommended physical therapy which had helped in the past as well as do home exercises, TENS unit, and cold/heat as needed for her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Vicodin 5/325 mg # 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 Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation describing the positive effects of Vicodin use in the past, specifically how it increased her overall function and reduced her pain in a measurable way, which is required in order to continue opioid therapy for this individual. Without this evidence of benefit from prior use, the current Vicodin request is not medically necessary. Also, chronic opioid therapy in someone with a habit of tobacco and alcohol use is relatively contraindicated and other strategies should be considered.