

Case Number:	CM14-0194942		
Date Assigned:	12/02/2014	Date of Injury:	04/25/2003
Decision Date:	01/14/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/20/2014

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, North Carolina and Georgia. 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 58-year-old male who reported an injury on 05/12/2003. The mechanism of injury was not documented within the clinical note. The diagnoses included cervical facet disease and carpal tunnel syndrome. The past treatments included physical therapy, injections, and surgical intervention. The official CT scan of the cervical spine performed on 11/07/2014 revealed disc degeneration with subluxation, but without foraminal stenosis at the C7-T1 level. The surgical history was noted to include carpal tunnel release and right shoulder arthroscopy. The subjective complaints on 06/10/2014 included neck pain. The physical exam noted there was tenderness to palpation to bilateral cervical paraspinal muscles. The sensory exam revealed decreased sensation at the C5 and C6 dermatomes bilaterally. There were also spasms noted to the cervical spine. It is documented in the appeal letter that the patient had an improvement in function with the medications. The patient is able to carry out activities of daily living such as bathing, dressing, and household chores. The note also indicates the patient rates the pain 7/10 with medication and 10/10 without medication. It was documented that there was no evidence of drug seeking behavior. The current medications were noted to include Celebrex, Soma, ranitidine, Vicodin, and trazodone. The treatment plan was to continue the refill the medications. A request was received for Vicodin 5/300 mg 90 count. The rationale for the request was to decrease the patient's pain level. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Ongoing Management Section.

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

Decision rationale: The request for Vicodin 5/30 mg 90 count is not medically necessary. The California MTUS Chronic Pain Guidelines state 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. There was adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior. However, the request as submitted did not provide a medication frequency. In the absence of the above information, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.