

Case Number:	CM14-0195786		
Date Assigned:	12/03/2014	Date of Injury:	10/09/1989
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 9, 1989. In a Utilization Review Report dated October 24, 2014, the claims administrator approved a request for Lyrica while denying a request for Vicodin. The claims administrator stated that the applicant was not benefiting from ongoing Vicodin usage. The claims administrator stated that its decision was based on a teleconference dated October 24, 2014, a progress note dated September 25, 2014, and an RFA form dated October 10, 2014. It was stated that the applicant had retired, had superimposed coronary artery disease, and was not looking for alternate work. The applicant was status post lumbar spine surgery from six years prior, it was stated but was not a candidate for further spine surgery, the claims administrator posited. On September 22, 2014, the applicant returned unexpectedly, reporting a flare in low back pain. Vicodin was not providing adequate pain relief, it was stated. The applicant had difficulty finding a consulting physician. The applicant was given a Toradol injection. A Medrol Dosepak was endorsed for flare of pain. The applicant was asked to continue Vicodin on a p.r.n. basis and employ Lyrica for radicular pain complaints/neuropathic pain complaints. On September 25, 2014, the applicant returned for follow-up. The applicant stated that his pain had subsided and he is planning on a recent trip. A Toradol injection was again given. It was stated that the applicant did not require Vicodin on a frequent basis but did employ Vicodin periodically. It was stated that the Lyrica was ameliorating the applicant's radicular complaints to some extent. It was stated that the Vicodin was employed for flares of pain. The frequency, quantity, and/or duration of Vicodin usage were not clearly outlined, however. In an informal Settlement Conference dated July 8, 2014, it was stated that the applicant had a variety of mental health issues as well as medical issues. The applicant was given a 31% whole person impairment rating from a medical

perspective by a medical-legal evaluator and had also separately been given a 20% to 30% impairment rating from a mental health perspective. In a November 9, 2014 supplemental report, the applicant reported persistent complaints of low back pain. It was stated that the applicant conditionally had returned to baseline. The applicant and/or attending provider expressed concern over the denial of Vicodin. The attending provider stated that the applicant had longstanding pain complaints dating back to 1989 which had persisted despite two prior lumbar spine surgeries. The attending provider stated that the applicant had failed numerous other non-opioid options including Motrin, Tylenol, Naprosyn, Soma, Flexeril, etc. The attending provider posited that ongoing usage of Vicodin was ameliorating the applicant's ability to drive to soccer tournaments, travel comfortably, and watch his children's soccer games. The applicant was asked to follow up in four to six months. The attending provider stated that the applicant was not necessarily using Vicodin on a regular basis but, rather, on an as-needed basis. The applicant had retired, it was further noted. The attending provider stated that the applicant was using Vicodin on an as-needed basis once to twice daily. The applicant was using Norco on a p.r.n. basis, the attending provider posited, as opposed to a more sustained basis. The attending provider stated that the applicant was trying to limit his usage of Vicodin to one to two tablets twice daily on those occasions when his pain was not alleviated by over-the-counter analgesic. The attending provider stated that the applicant had last been given a prescription for Vicodin #60 with five refills on May 29, 2014, followed by a prescription for 120 tablets of Vicodin on October 7, with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5-300mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic, Opioids, Ongoing Management topic. Page(s): 80, 78.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the attending provider has suggested that the applicant's pain complaints were reduced as a result of ongoing Vicodin usage, the attending provider did not quantify the same. Furthermore, the attending provider did not outline any material or substantive functional gains achieved as a result of ongoing Vicodin usage. The attending provider's commentary to the fact that ongoing usage of Vicodin was ameliorating his ability to drive to his children's soccer tournaments did not, in and of itself, constitute evidence of substantive improvement achieved as a result of the same. The applicant, furthermore, was no longer working at age 59, it was noted on several occasions referenced above, reportedly a result of retirement versus possibly a function of disability and/or indemnity benefits being granted owing to various chronic pain and mental health issues. Furthermore, page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be prescribed to improve pain and

function. Contrary to what the requesting provider stated, the applicant was seemingly employing Vicodin on a chronic, long-term, and/or daily-use basis. The applicant's 60-tablet, five-refill supply of Vicodin furnished on May 29, 2014 does imply chronic, long-term, and/or scheduled usage. Similarly, the 120-tablet, three-refill supply of Vicodin at issue also implies chronic, long-term, and/or scheduled usage. It does not appear, in short, that the applicant and/or attending provider were employing Vicodin on an as-needed basis, as they asserted. Finally, the applicant presented on multiple occasions throughout September 2014 reporting flares in low back pain and, in one instance, stated on September 22, 2014 that Vicodin was "not providing adequate pain relief." All of the foregoing, taken together, did not make a compelling case for continuation of Vicodin. Therefore, the request was not medically necessary.