

Case Number:	CM14-0204129		
Date Assigned:	12/16/2014	Date of Injury:	06/10/2011
Decision Date:	02/10/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 Practice 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 62 year old male who sustained an industrial injury on 6/10/11. He underwent anterior cervical decompression in 2011. His treatments have included acupuncture, injections, physical therapy, transcutaneous electrical nerve stimulator unit and massage. He is diagnosed with post cervical laminectomy syndrome and cervical radiculopathy. Per 8/28/14 report, pain is 7/10 with medications and 8/10 without medications. The patient was seen on 10/24/14. He had presented one week early due to an increase in pain and he had run out of his medications early. On physical examination the cervical spine revealed restricted range of motion to 30 degrees limited by pain; extension limited to 28 degrees due to pain. Paravertebral muscles demonstrated hypertonicity, spasm and tenderness bilaterally. The lumbar spine demonstrates restricted motion due to pain with flexion limited to 55 degrees and extension limited to 20 degrees. Lumbar facet loading is positive bilaterally and straight leg raise test is positive bilaterally in supine position. Motor strength is slightly decreased on the left. Sensation is decreased over lateral calf areas bilaterally. Electromyography demonstrated evidence of chronic radiculopathy on the right. Medications include Vicodin, amitriptyline, Cymbalta, omeprazole, colace, Miralax and metoprolol. Diagnoses include post cervical laminectomy syndrome and cervical radiculopathy. Medications are controlling pain. It is noted that the patient has recently had pain psychologist evaluation to determine candidacy for spinal cord stimulator. Vicodin was increased from 5/325 mg t.i.d. to 10/325 mg #90. On 11/6/14 Utilization Review non-certified the request for Vicodin Hp 10-300 #90 based on no discussion of overall pain levels or specific functional improvement or reduction of pain with narcotic medication. In addition there was no prior documentation of compliance measures as recommended by guidelines. Weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin Hp 10-300 mg #90: 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): 74-96.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment guidelines, long term use of opioids is not recommended due to the development of habituation and tolerance. The guidelines also state that opioids may be continued if there has been improvement in function and pain levels. In this case, opioid tolerance is noted as the patient has presented one week early with complaints of increased pain and running out of medications early. There is also no evidence of improvement in pain and function as the patient continues to complain of significant pain levels despite ongoing opioid use. The request for Vicodin 10/300 #90 is therefore not medically necessary.