

Case Number:	CM14-0207999		
Date Assigned:	12/19/2014	Date of Injury:	05/24/2012
Decision Date:	02/17/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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 Practice, has a subspecialty in Occupational Medicine/Pain Management/ Osteopathic Manipulation/Chiropractic Manipulation 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 56-year-old male who sustained an industrial injury on May 24 2012 while dumping feed into a v-mag machine. Treatment to date has consisted of medications, physical therapy, and injections. Current medications include Icy Hot, Anaprox, Norco, and Neurontin. Qualified medical examination dated February 4, 2014 noted that the patient has mechanical low back pain and there is no concrete evidence of radiculopathy. On physical examination performed by the quantified medical evaluator, it is noted the seated root test is negative. It is also noted that the patient's appears to be quite comfortable and has considerable pain behavior characterized by sighing and groaning. The patient was seen by his treating physician on October 20, 2014 at which time it is noted that second epidural steroid injection has not helped. The patient is waiting to see a spine specialist. He is needing Norco for pain relief. Examination reveals negative straight leg raise, lumbar tenderness, negative Fabere, 2+ deep tendon reflexes, 5/5 motor strength, 80 flexion, 10 extension, and bilateral bending 10. He is diagnosed with chronic low back pain with multilevel disc disease with facet disease with spinal stenosis. He was prescribed Vicodin 5/300 mg #60. He was returned to modified duties. Utilization review on November 12, 2014 denied the request for Vicodin 5/300 mg #60. The MTUS guidelines were referenced and the use of opioids was noted to be not appropriate in this clinical scenario.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not recommend opioids for chronic back pain and mechanical back pain. In this case, the patient is noted to have chronic back pain which is mechanical in nature. The guidelines state that long term efficacy of opioids for chronic back pain is unclear. The guidelines also state that opioids for mechanical and compressive etiologies are rarely beneficial. Furthermore, long term use of opioids leads to dependence, tolerance and hormonal imbalance in men. In this case, the patient has been prescribed opioids for an extended period of time and there is no evidence of improvement in pain or function. There is also no evidence of significant physical examination findings to support opioid use. The request for Vicodin 5/300 mg #60 is therefore not medically necessary.