

Case Number:	CM14-0209675		
Date Assigned:	12/22/2014	Date of Injury:	02/07/2005
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional spine 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 50 year old male with the injury date of 02/07/05. Per physician's report 11/13/14, the patient has low back pain. The patient ambulates with 2 canes. His lumbar flexion is 30 degrees. "[His] symptoms remained stable and fairly well controlled with his current dose of Vicodin 5/300mg maximum of 4 per day." The patient is currently taking Vicodin, Atenolol, Benazepril, Amlodipine, Fluoxetine, Pravastatin and Metformin. The patient is advised to do home exercise to the degree that he can perform such activities. Per 10/22/14 progress report, the patient has difficulty in walking. He feels he needs the assistance of a wheelchair. He is scheduled to see a neurology and [REDACTED], regarding the temperature difference on his body. One side of his body is hot while the other side is cold, for example. "Buprenorphine which allows him to move with greater ease and less pain." The patient reports depression, anxiety and suicidal thoughts. The lists of diagnoses are: 1) Neck pain 2) Myelitis cause nec 3) Pain psychogenic NEC 4) Pain in thoracic spine 5) Sciatica 6) Long term use of medication N 7) Long term use meds nec. Per 08/27/14 progress report, the patient pain in his neck and upper/ lower extremities, left greater than right. His legs give out frequently. Buprenorphine gave him about 30% pain reduction. The utilization review determination being challenged is dated on 11/25/14. Treatment reports were provided from 06/19/13 to 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with pain and weakness in his neck and upper/ lower extremities. The request is for VICODIN 5/300MG #90. The patient has been utilizing Vicodin since at least 06/19/13 on and off. The patient has utilizing Norco since at least 01/14/14. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 11/13/14 progress report indicates that "[His] symptoms remained stable and fairly well controlled with his current dose of Vicodin 5/300mg maximum of 4 per day." However, the 4A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Vicodin is not medically necessary.