

Case Number:	CM14-0054570		
Date Assigned:	07/07/2014	Date of Injury:	06/18/2010
Decision Date:	02/10/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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:

This is a 55-year-old male claimant who sustained a work injury on June 18, 2010 involving the neck. He was diagnosed with cervical spondylosis with facet arthropathy and cervical headaches. He underwent a cervical discectomy and fusion in June 2010. He has been on Vicodin for pain since at least in April 2013. He was undergoing urine toxicology screens and had an opioid contract. A progress note on March 12, 2014 indicated the claimant had persistent neck pain and headaches. He was on Vicodin and Morphine Sulfate at the time with occasional ibuprofen. His pain was 2/10 with medications and 10/10 without. He had previously failed to using Gabapentin, Lyrica and Oxycodone. Exam findings were notable for reduced range of motion in the cervical spine and myofascial tenderness. He remained on the Morphine sulfate and Vicodin as well as Ibuprofen as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODAN 7.5/300MG #120: 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): 82-92.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Vicodin for a year. There was no indication of combining multiple opioids and an NSAID. Long-term use of opioids can lead to addiction as well as diminish benefit. The continued use of Vicodin is not medically necessary.

MSIR 30 MG #30: 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): 82-92.

Decision rationale: MSIR is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on MSIR for over a year. There was no indication of combining multiple short acting opioids and an NSAID. Long-term use of opioids can lead to addiction as well as diminished benefit. There was no mention of a response to independent use of Ibuprofen or Tylenol. The continued use of MSIR is not medically necessary.