

Case Number:	CM15-0008677		
Date Assigned:	01/26/2015	Date of Injury:	08/12/2004
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 62-year-old male who reported an injury on 08/12/2004. The documentation of 12/11/2014, revealed a Request for Authorization. The physician's documentation indicated the injured worker had back pain, neck pain, and upper anterior chest pain, and pain near the umbilicus. The physical examination revealed periumbilical swelling and tenderness. Anteflexion of the head on the neck allowed for 20 degrees of flexion and extension of 20 degrees. There was paracervical tenderness from C2 to C7-T1. There was parathoracic tenderness from T1-T6. There was some anterior chest wall tenderness. The diagnoses included chronic cervical myofascial pain with negative cervical MRI form 08/25/2002, chronic thoracic myofascial pain with negative thoracic MRI from 04/19/2006, and chronic abdominal pain from ventral abdominal hernia, related to 01/09/2006 industrial injury. The treatment plan included a refill of Vicodin 5 mg by mouth every 4 to 6 hours, #180. The documentation indicated the injured worker got pain relief and improved function from taking the Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Vicodin 5/300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Ongoing Management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional improvement with the medication. However, there was a lack of documentation of objective pain relief. The documentation indicated the injured worker had a signed opioid contract, which would support the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation indicating the injured worker was being monitored for side effects. The request as submitted failed to provide the frequency. Given the above, the request for medication, Vicodin 5/300 mg, #180, is not medically necessary.