

Case Number:	CM15-0101066		
Date Assigned:	06/03/2015	Date of Injury:	08/25/2004
Decision Date:	07/01/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 33 year old female, who sustained an industrial injury on 8/25/04. The injured worker was diagnosed as having lumbago, failed back surgery, radicular syndrome, failed back surgery with radiculopathy, sacroiliitis and occipital neuralgia. Treatment to date has included lumbar surgery, oral medications including Vicodin, Protonix and Robaxin, and notes they decrease her pain by 70%, spinal cord stimulator which reduces pain by about 50%, lumbar epidural steroid injection, physical therapy and home exercise program. Currently, the injured worker complains of chronic neck pain with headaches and low back pain rated 6-8/10. Physical exam noted pain to palpation over the C2 transverse process on the left, pain to palpation over the C2 transverse process on the right, tenderness to palpation over the lumbosacral spine with restricted range of motion and SI joint tenderness. The injured worker is unable to perform heel walk on left lower extremity and diminished sensation to left lowered extremity is noted. A request for authorization was submitted for a follow up appointment, Protonix, Vicodin and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Vicodin 7.5/300mg #90, dispensed on 04/13/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin, Hydrocodone/Acetaminophen, Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids.

Decision rationale: Vicodin is the brand name version of hydrocodone and acetaminophen, which is considered a short-acting opioid. ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treating physician fully documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The treating physician documents the current medications allow the patient to complete ADLs and maintain household. As such, the request for Retrospective request for Vicodin 7.5/300mg #90, dispensed on 04/13/2015 is medically necessary.