MAXIMUS Federal Services

Case Number:	CM15-0103010		
Date Assigned:	06/25/2015	Date of Injury:	11/03/2001
Decision Date:	07/28/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 3, 2011. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve a request for Vicodin. The claims administrator referenced an appeal letter of April 29, 2015 and an RFA form dated April 14, 2015 in its determination. The applicant's attorney subsequently appealed. On June 11, 2015, the applicant was apparently given refills of Neurontin and Vicodin. The applicant was described as concurrently using medical marijuana in conjunction with Vicodin, as reported. In an associated progress note of the same date, July 11, 2015, it was stated that the applicant was still working as a truck driver despite ongoing complaints of low back pain radiating into leg. 5/10. The applicant was using Neurontin and Vicodin and smoking every day, it was reported. Norco and Neurontin were renewed. The attending provider stated that the combination of the two was ameliorating the applicant's neuropathic pain complaints. The attending provider acknowledged that the applicant was using marijuana for the time being but stated that one of the goals of medication therapy was to transition the applicant off of cannabis.

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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen, Opioids for Neuropathic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

Decision rationale: No, the request for Vicodin, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are engaged in the usage of illicit drugs. Here, the applicant was apparently concurrently using Vicodin, an opioid agent, with marijuana, an illicit drug. Discontinuing Vicodin, thus, was seemingly a more appropriate option than continuing the same, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.