

Case Number:	CM15-0104153		
Date Assigned:	06/08/2015	Date of Injury:	07/01/2003
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on 07/01/2003. He has reported subsequent low back and lower extremity pain and was diagnosed with lumbar discopathy at L4-L5 and L5-S1, status post multiple spinal surgeries and bilateral L4-S1 radiculopathy. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 04/24/2015, the injured worker complained of back pain that was rated as 5/10 at worst. Objective findings were notable for tenderness of the lumbar spine with moderately reduced range of motion. A request for authorization of Vicodin was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82,88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2003 and continues to be treated for low back pain after multiple lumbar surgeries. When seen, his pain was unchanged and was rated at 5/10. There was an abnormal gait with moderately decreased lumbar spine range of motion and tenderness. Medications include Vicodin being prescribed at a total MED (morphine equivalent dose) of 15 mg per day. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Vicodin was not medically necessary.