

Case Number:	CM15-0106637		
Date Assigned:	06/08/2015	Date of Injury:	12/03/2002
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/03/2015

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 65-year-old female who sustained an industrial injury on 12/03/02. Initial complaints and diagnoses are not available. Treatments to date include medications, a cane, and pain injections. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses include lumbosacral strain with stenosis and sciatica, bilateral wrist sprain, depression, insomnia, and ankle pain. In a progress note dated 04/15/15, the treating provider reports the plan of care as medications including Vicodin, Naprosyn, and Nexium. The requested treatment includes Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (Vicodin) 5/500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2002 and continues to be treated for chronic flare-ups of back pain with lower extremity radicular symptoms. Vicodin is referenced as improving her daily function. When seen, there was decreased lumbar spine range of motion with tenderness. There was back pain with straight leg rising. There was decreased lower extremity range of motion and right ankle, knee, and sacroiliac joint tenderness. Medications being prescribed included Vicodin at a total MED (morphine equivalent dose) of 10 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing pain control with improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Vicodin was medically necessary.