

Case Number:	CM15-0108112		
Date Assigned:	06/12/2015	Date of Injury:	01/27/2009
Decision Date:	08/11/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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 40 year old female with an industrial injury dated 01/27/2009. Her diagnoses included neck pain, discogenic neck pain and myofascial neck pain. Prior treatment included pain medication, cervical collar and urine drug screen. She presented on 05/14/2015 with complaints of left sided neck pain that radiated from her neck to the left shoulder down the left upper extremity. She described the pain as constant and dull/achy pain. The pain is 7/10 without medication and with medication, the pain is 4/10. Physical exam noted limited range of motion of the neck. She had good upper extremity range of motion. She had allodynia in the left upper extremity and neck. Treatment plan included an increase in Topamax, continue Vicodin, follow up and daily neck stretching program. The request for Topamax 50 mg quantity 90 was authorized. The request for review is Vicodin 5/300 quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 sustained a work injury in January 2009 and continued to be treated for neck pain with left upper extremity radiating symptoms. Medications are referenced as decreasing pain from 7-8/10 to 3-5/10 depending on activity level. Medications are referenced as allowing her to be able to perform household activities. When seen, there was decreased cervical spine range of motion and decreased left upper extremity strength. There was allodynia over the neck and left upper extremity. Vicodin 5/300 mg #30 was prescribed. 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 and improved tolerance for household activities. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.