

Case Number:	CM15-0012540		
Date Assigned:	01/30/2015	Date of Injury:	03/09/1990
Decision Date:	04/09/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: California

Certification(s)/Specialty: Internal 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 72-year-old male, who sustained an industrial injury on March 9, 1990. The mechanism of injury is unknown. The diagnoses have included chronic pain syndrome and lumbar radiculopathy. Treatment to date has included medication. On September 23, 2014, he reported his pain medication to diminish his pain from an 8 on a 1-10 pain scale down to a 4/10. On December 4, 2014, the injured worker complained of severe low back pain. He stated that generic pain medication does not provide him with any benefit. Physical examination of the lumbar spine revealed tenderness about the lower lumbar paravertebral musculature. Forward flexion was 45 degrees, extension was 10 degrees and lateral bending was 30 degrees. He ambulated with a cane. On December 22, 2014, Utilization Review non-certified Vicodin 7.5/300mg #60, noting the CA MTUS Guidelines. On January 21, 2015, the injured worker submitted an application for Independent Medical Review for review of Vicodin 7.5/300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation FDA <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/ucm167991.htm>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. The FDA resource statement on generic drugs indicates that research shows that generics work just as well as brand name drugs. FDA requires generic drugs to have the same quality and performance as brand name drugs. The medical records document chronic low back complaints. Hydrocodone combination products have been used long-term. The primary treating physician's progress report dated 12/4/14 documented that the patient stated that generic pain medication does not provide him with any benefit. The patient indicated that Hydrocodone pain medication did not provide benefit. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. The request for Vicodin 7.5/300 mg is not supported by ACOEM guidelines. Therefore, the request for Vicodin 7.5/300 mg is not medically necessary.