

Case Number:	CM15-0016473		
Date Assigned:	02/04/2015	Date of Injury:	06/13/2011
Decision Date:	04/24/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland, District of Columbia
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 68 year old male who sustained an industrial injury on 06/13/2011. Diagnoses include chronic low back pain, lumbar degenerative disc disease at multiple levels, lumbar facet arthrosis, and lumbar radiculopathy down the left leg. Treatment to date has included medications, epidural steroid injections which he responded well to, use of heat, ice, rest, gentle stretching and exercise. A physician progress note dated 12/19/2014 documents the injured worker's pain has returned. He has had an epidural injection a year ago, and he is in need of repeat injections. Chronic pain medications regimen benefit includes reduction in pain, increased activity tolerance and restoration of partial overall functioning. Chronic pain medicine regimen and rest continue to keep pain within a manageable level allowing the injured worker to complete necessary activities of daily living. Treatment requested is for Vicodin 5/300mg #60, 1 PO BID PRN. On 01/21/2015 Utilization Review is no for Vicodin 5/300mg #60, 1 PO BID PRN is not medically necessary, however due to the nature of the drug, weaning is recommended. After speaking to the provider it was planned to have a 10% reduction of the monthly quantity of the medication initiated on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60, 1 PO BID PRN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, Opioids Page(s): 78-79.

Decision rationale: The progress notes from December 19, 2014 was reviewed. His symptoms were low back pain and lumbar radiculopathy down the left leg in the setting of lumbar DDD, facet OA and spinal stenosis. His treatment included L4-5 LESI on 09/02/14 which provided pain relief. Medications were also reported to be beneficial without side effects. His medications included Ibuprofen, Neurontin, Soma and Ultram. Pain was significantly impacting work, concentration, mood, sleeping pattern and overall functioning. On examination lumbar spine had mild tenderness, restricted flexion and positive left sided SLR. MRI of the lumbar spine from 2011, showed disc bulge at multiple levels and spinal stenosis at L4-5 and L2-3 and L3-4. The chronic medications were noted to cause reduction of pain, increased activity tolerance and restoration of partial overall functioning. The medications also helped complete necessary activities of daily living. The request was for Vicodin 1 BID #60. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for lumbar radiculopathy with Vicodin two times a day. There was documentation to suggest there was improved pain and function while taking the medications. Given the above, the ongoing use of Vicodin twice daily is medically necessary and appropriate.