

Case Number:	CM15-0132723		
Date Assigned:	07/20/2015	Date of Injury:	04/21/2008
Decision Date:	08/20/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/09/2015

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

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 04/21/08. Initial complaints and diagnoses are not available. Treatments to date include medication, lumbar epidural steroid injections and facet nerve blocks. Diagnostic studies include a MRI of the lumbar spine on 04/15/15. Current complaints include low back pain that radiates to the lower extremities. Current diagnoses include lumbosacral spondylosis and lumbar spinal stenosis, as well as nonindustrial seizure disorder, depression and hypertension. In a progress note dated 04/29/15 the treating provider reports the plan of care as Vicodin, and a surgical consultation. 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:

Vicodin 5/300mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with low back pain which radiates into the bilateral lower extremities. The current request is for Vicodin 5/300mg #30. The treating physician states in the report dated 8/4/15, "Please note that the patient is using Vicodin for breakthrough pain. She does find Vicodin to be beneficial. She states that with the use of Vicodin, she is able to perform activities of daily living better with less pain. She has been tolerating Vicodin well without any side effects." (7C) The treating physician also documents that the patient's urine drug screens have been consistent. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.