

Case Number:	CM15-0134546		
Date Assigned:	07/22/2015	Date of Injury:	09/15/2010
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year-old female with an industrial injury dated 09/15/2010. The injured worker's diagnoses include mechanical back pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/11/2015, the injured worker reported daily low back pain. Objective findings revealed positive deep tendon reflexes with sensory intact and tenderness of the lumbar spine, right greater than left. The treatment plan consisted of medication management. The treating physician prescribed Vicodin (Hydrocodone/APAP) 5/325mg #60 with 4 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin (Hydrocodone/APAP) 5/325mg #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and On-going management Page(s): 80 and 78-80.

Decision rationale: Vicodin (Hydrocodone/APAP) 5/325mg #60 with 4 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The MTUS states that there is no evidence to recommend one opioid over another. The documentation reveals that the patient has been prescribed opioids in the past. The 6/11/15 document states that the patient was prescribed Hydrocodone and that Tylenol #3 use in the past was without benefit. Tramadol has made the patient drowsy in the past. The progress notes do not indicate the above pain assessment recommended by the MTUS. The documentation does not reveal evidence of clear monitoring of the 4 A's or a clear treatment plan for opioid use. Furthermore, the request for 4 refills is not appropriate as the MTUS recommends ongoing monitoring of efficacy and side effects. For all of these reasons Vicodin is not medically necessary.