

Case Number:	CM15-0142093		
Date Assigned:	07/31/2015	Date of Injury:	09/14/1987
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/22/2015

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:

This is a 67-year-old female with a September 14, 1987 date of injury. A progress note dated June 29, 2015 documents subjective complaints (lower back pain), objective findings (limited and painful range of motion of the lumbar spine; antalgic gait; mild lumbar spasms; decreased range of motion of the left knee; pain to palpation over the lumbar intervertebral disc space at several levels but appears worst at L5-S1, especially with flexion), and current diagnoses (lumbar disc degeneration; post laminectomy syndrome of the lumbar region). Treatments to date have included caudal steroid injection on June 24, 2015 with complete relief of pain for a few days, medications, and spine surgery. The medical record indicates that the injured worker has been taking Vicodin 5mg up to three times per day on an as needed basis, and has been on the same medication at the same dose and frequency for two years. The treating physician documented a plan of care that included Vicodin 5-300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in 1989 and continues to be treated for radiating back pain. In April 2015, Vicodin is referenced as decreasing pain by 60%. An epidural injection was done in May 2015. When seen, she was having moderate ongoing symptoms described as chronic and stable. Her pain was continuing to improve with medications taken on an as needed basis and she was requesting refills. Positive straight leg raising. There was an antalgic gait. There was decreased and painful range of motion with severe muscle spasms. There was decreased and painful left knee range of motion. There was a normal neurological examination. Medications were refilled. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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 this medication is providing decreased pain by 60%. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.