

Case Number:	CM15-0146396		
Date Assigned:	08/07/2015	Date of Injury:	04/21/2005
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/28/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 4-21-2005. He reported pain in his neck down to the shoulders and right upper extremity. He also noted pain in his upper and lower back. Diagnoses have included status post lumbar spine surgery with chronic pain, status post thoracic spine surgery with chronic pain and status post-neck surgery with chronic pain. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), spinal surgery, home exercise program and medication. According to the progress report dated 5-18-2015, the injured worker complained of neck pain and low back pain. Symptoms were noted to be unchanged. He reported that medications decreased his pain by at least 50 percent, allowing him to do his activities of daily living. Exam of the cervical spine revealed tenderness. There was tenderness over the thoracic spine with muscle guarding and spasms. Authorization was requested for Vicodin ES.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Vicodin ES 7.5/300mg #120 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS states monitoring of the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Based upon the submitted information, the '4 A's' appear to be met in this case. Medical necessity is established for the requested Vicodin ES. Therefore, the request is medically necessary.