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| Case Number: | CM15-0147137 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 01/25/2012 |
| Decision Date: | 09/24/2015 | UR Denial Date: | 07/18/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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

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 57 year old female, who sustained an industrial injury on 1-25-2012. She reported low back pain, as well as multiple body parts for additional dates of injury. The mechanism of injury noted as cumulative trauma. The injured worker was diagnosed as having chronic cervical pain, significant foraminal stenosis and radiculopathy, carpal tunnel release bilaterally with recurrent symptoms, more on the right, cubital tunnel syndrome post decompression on the right with possible recurrent cubital tunnel syndrome and possible mild cubital tunnel syndrome on the left, possible radial tunnel syndrome on the right, and chronic low back pain with degenerative arthritis and pars defect. Treatment to date has included magnetic resonance imaging of the lumbar spine (8-8-2014 and 2-10-2012), x-rays, magnetic resonance imaging of the cervical spine (8-7-2014), magnetic resonance imaging of the right shoulder (8-21-2014). She is retired. The request is for Vicodin. On 8-6-2014, she reported pain to the low back. On 10-13-2014, she reported cumulative trauma or repetitive strain affecting her hands, wrists, forearms, elbows and left shoulder. The subjective and objective findings state to see report. The report is not available for this review. On 10-20-2014, she reported low back pain with left leg pain and numbness. She is retired. She indicated her pain was improved since she retired, as she is able to move positions frequently and stretch. She indicated she had more cervical complaints than lumbar complaints. She does not use a cane or crutch. She has tenderness over the left sciatic notch. The treatment plan included lumbar steroid injection. On 1-12-2015, a medical record review revealed indications of a notation of her not improving on 10-23-2014. The provider requested the results of a lumbar epidural steroid injection to make a

determination of care. A PR-2 dated 1-23-2015, noted she reported continued low back pain. She reported not being able to get Tylenol or Vicodin. Her work status is determined to be unable to work as per the AME. On 2-20-2015, she reported low back pain with occasional radiation into the left leg. The treatment plan included Tylenol and Vicodin as needed. She utilizes cura-heat air activated heat therapy patches and was in need of a refill. On 6-26-2015, she reported low back pain with numbness in the left thigh. The treatment plan is to continue Tylenol, cura heat therapy patches, and Vicodin. She is noted to get pain relief and improved functioning from Vicodin. There are no aberrant behaviors noted, and no side effects noted. There is a signed pain management agreement on file in the office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Vicodin 5/300mg #120. The RFA is from 06/26/15. Treatment to date has included magnetic resonance imaging of the lumbar spine (8-8-2014 and 2-10-2012), x-rays, magnetic resonance imaging of the cervical spine (8-7-2014), magnetic resonance imaging of the right shoulder (8-21-2014). The patient is retired. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." On 6-26-2015, the patient reported low back pain with numbness in the left thigh. The patient is diagnosed as having chronic cervical pain, significant foraminal stenosis and radiculopathy, carpal tunnel release bilaterally with recurrent symptoms, more on the right, cubital tunnel syndrome post decompression on the right with possible recurrent cubital tunnel syndrome and possible mild cubital tunnel syndrome on the left, possible radial tunnel syndrome on the right, and chronic low back pain with degenerative arthritis and pars defect. This is a request for refill of Vicodin, which the patient has been using since 2014. The treater has included a "Pain Disability Index" which includes number graphs and notes an increase in home responsibilities, recreation with friends, self-care and life support activities with the use medications. It was further noted that the patient has no side effects and she is compliant with medication intake. The treater states the patient has no abnormal aberrant behaviors and no evidence of "doctor shopping." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.