

Case Number:	CM15-0149701		
Date Assigned:	08/12/2015	Date of Injury:	02/03/1998
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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:

The injured worker is a 69 year old male who sustained an industrial injury on 02-03-1998. Mechanism of injury was a fall. Diagnoses include lumbar stenosis. Treatment to date has included diagnostic studies, medications, status post right total knee arthroplasty on two separate occasions, status post lumbar laminectomy, status post lumbar fusion, physical therapy, home exercise program, and epidural steroid injections. He is retired. A physician progress note dated 06-23-2015 documents the injured worker's cervical range of motion is restricted, lumbar straight leg raise is positive on the left. He ambulates with an antalgic gait. He has mild weakness of the right anterior tibialis muscle with dorsiflexion as well as gastrocnemius muscle with plantar flexion. There is decreased light touch in the right L5-S1 dermatome. Treatment requested is for one prescription of Vicodin 7.5/300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Vicodin 7.5/300mg #60: Overturned

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in February 1998 and continues to be treated for chronic neck and chronic low back pain with lower extremity radiculopathy. Medications are referenced as decreasing pain from 9/10 to 4/10 and allowing the claimant to remain functional with improved mobility, tolerance for activities of daily living, and performance of home exercises. Physical examination findings included eight BMI of nearly 30. There was decreased spinal range of motion. There was an antalgic gait. Right-sided straight leg raising was positive. There was right lower extremity weakness and decreased sensation. 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 medications are providing decreased pain with improved activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.