

Case Number:	CM15-0162591		
Date Assigned:	08/28/2015	Date of Injury:	02/14/2013
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury 2-14-13. In a chart note dated 7-25-15, the physician reports the injured worker has a history of low back pain and is presenting with acute on chronic low back pain. Low back pain is rated at 5-6 out of 10 to occasionally 10 out of 10. The left hip pain is rated at 5 out of 10 to 10 out of 10. Medications are Ibuprofen, Amitriptyline, Vicodin, and has been on steroids in the past. She is using the walker all the time due to increased weakness in the left greater than right lower extremity. Her knees are buckling. She notes she loses her balance when tilting her head back to wash hair. It is noted the Vicodin helps with her sleep, and similar to Ibuprofen with range of motion, and improved self care. The impression is acute low back pain (lumbalgia) and lumbar strain, neuralgia, neuritis, and radiculitis- bilateral (S1 radiculopathy), Aortic dissection; Stanford type, other disorders of muscle, ligament and fascia, diarrhea, pelvic dislocation, and temporary total disability. The requested treatment is Vicodin 10mg #190.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10mg #190: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS supports the use of opioids in cases where there is a significant reduction in pain, improved function, and ability to return to work. The guidelines specify that the opioid should be prescribed by a single practitioner, that the medication be prescribed at the lowest possible dose, and there must be ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, the above criteria are not met. The duration of use of Vicodin is unclear. There is no evidence of a pain contract or urine drug screen in the records. The frequency of use of the Vicodin is not documented. Therefore, for the above reasons, the request is not medically necessary or appropriate.