

Case Number:	CM15-0168863		
Date Assigned:	09/09/2015	Date of Injury:	04/04/2001
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 68 year old woman sustained an industrial injury on 4-4-2001. The mechanism of injury is not detailed. Diagnoses include cervical degenerative disc disease, cervical radiculitis versus carpal tunnel syndrome, lumbar spine degenerative disc disease, gastroesophageal reflux disease, and shoulder osteoarthritis. Treatment has included oral and topical medications. Physician notes dated 8-10-2015 show complaints of cervical and lumbar spine pain. The worker rates her pain 2-4 out of 10 with medications and 8-10 out of 10 without medications. The worker is noted to be independent with medications and bedridden without medications. The worker has difficulty with NSAID medications due to colitis. Recommendations include educations regarding medications, follow up with attorney, Fentanyl patch, Vicodin, and consider repeat MRI versus Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Vicodin 5/300mg, #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on long term opioids without significant objective functional improvement therefore the request for continued Vicodin is not medically necessary.