MAXIMUS Federal Services

Case Number:	CM15-0169817		
Date Assigned:	09/11/2015	Date of Injury:	08/18/2000
Decision Date:	10/08/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 72 year old male, who sustained an industrial injury on August 18, 2000. The injured worker was diagnosed as having lumbago, unspecified myalgia and myositis, and lumbar and lumbosacral spine degenerative intervertebral disc disease. Treatment and diagnostic studies to date has included interventional radiologist evaluation, medication regimen, use of a transcutaneous electrical nerve stimulation unit, and a home exercise program. In a progress note dated July 13, 2015 the treating physician reports complaints of constant, waxing and waning, sharp, dull, and achy pain to the low back. Examination reveals tenderness to the right low back, decreased strength to the bilateral knees and the left ankle, moderate tenderness to the right sacroiliac joint, and decreased range of motion to the lumbar spine with pain. The injured worker's medication regimen included Vicodin and Celebrex since at least January of 2015. The injured worker's pain level was rated an 8 out of 10 without the use of his medication regimen and rates the pain a 4 to 5 out of 10 with the use of his medication regimen. The treating physician noted that the injured worker was able to perform activities of daily living inside and outside of the house and was able to perform exercises with the use of his medication regimen. On August 13, 2015 the treating physician requested the medication of Vicodin 5-300mg with a quantity of 120 noting current use of this medication as noted above. On August 24, 2015 the Utilization Review determined the request for Vicodin 5-300mg to be modified from a quantity of 120 tablets to a quantity of 60 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #120: 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, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2000 injury without acute flare, new injury, or progressive neurological deterioration. The Vicodin 5/300mg #120 is not medically necessary and appropriate.