

Case Number:	CM15-0186328		
Date Assigned:	09/28/2015	Date of Injury:	04/01/2009
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/22/2015

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 62-year-old male who sustained an industrial injury on 4-1-2009. Diagnoses include back sprain and chronic pain. Documented treatment includes "status post 4 operative interventions" including laminectomy surgery in 2011, hot tub, and medication. He has been treated with opioids including Hydrocodone, Norco, and Vicodin, but the length of time is not specified, except noting he has been on "long-term opioid therapy." On 8-27-2015 he presented with "no change stiffness" and "reduced range of motion." Vicodin and Doxepin were prescribed at this visit. 7-31-2015, he also had complained in pain in his heels which was stated as "resolving slowly." There has been no recent documentation of pain rating or response to medication except on 5-7-2015, when the provider stated that his hydrocodone had been reduced from 10 mg to 7.5-300 due to side-effects. The treating physician's plan of care includes 90 count Vicodin ES which was non-certified on 9-13-2015. The injured worker has not been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300 mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for Vicodin ES 7.5/300 mg #90. Documented treatment includes laminectomy surgery in 2011, physical therapy, hot tub, and pain medications. The patient is not working. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/27/15, the patient presents with chronic low back pain, and has undergone laminectomy in 2011. Diagnoses include back sprain and chronic pain. Vicodin and Doxepin were prescribed at this visit. The patient has been prescribed Vicodin since at least 11/24/14. Progress reports note that medications allow the patient to maintain his activities of daily living. The patient is given routine urine drug screens, and the treater reports that the patient is "extremely low risk for misuse." The treater does not document specific objective functional improvement, and does not use a validated instrument/numerical pain scale indicating before and after pain levels. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.