MAXIMUS Federal Services

Case Number:	CM15-0193867		
Date Assigned:	10/07/2015	Date of Injury:	04/21/2006
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 66 year old female, who sustained an industrial injury on 04-21-2006. She has reported injury to the neck. The diagnoses have included industrial neck injury; cervical degenerative disc disease; chronic right cervical radiculopathy; chronic right knee arthralgia, status post arthroscopic debridement; right upper extremity rotator cuff syndrome; and chronic pain management. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Norco, Cymbalta, Gabapentin, and Vicodin. A progress note from the treating physician, dated 07-20-2015, documented a follow-up visit with the injured worker. The injured worker reported pain on the right side of her neck with referred pain going into the right shoulder and right arm with paresthesias; the pain is constant and of moderate intensity; and the pain is rated at 8 out of 10 in intensity. Objective findings included the symptoms continue and have not improved after several years of care and treatment; they continue to impair the injured worker's ability to work, and likely always contribute to persisting level of disability; the best treatment for cases like this is medication management; and this is overall a fairly modest amount of medication. The treatment plan has included the request for Vicodin 10-300 mg quantity 120, 1-2 by mouth every 6 hours as needed. The original utilization review, dated 09-11-2015, modified the request for Vicodin 10-300 mg quantity 120, 1-2 by mouth every 6 hours as needed, to 13 tablets of Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10/300 mg Qty 120, 1-2 by mouth every 6 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/20/15. Therefore, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.