

Case Number:	CM15-0202777		
Date Assigned:	10/19/2015	Date of Injury:	09/27/2002
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/14/2015

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: Massachusetts

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

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 68 year old male, who sustained an industrial injury on 9-27-2002. A review of the medical records indicates that the injured worker is undergoing treatment for cervical post-laminectomy syndrome, lumbar sprain-strain, lumbar post-laminectomy syndrome, and chronic pain syndrome. On 9-15-2015, the injured worker reported low back and right wrist pain rated from 7 out of 10 to 10 out of 10, with current pain 8 out of 10, least reported pain since the previous visit 5 out of 10, average pain 7 out of 10, and intensity of pain after taking medication 3 out of 10 with pain relief lasting 5 hours. The Treating Physician's report dated 9-15-2015, noted the injured worker's current medications as Vicodin, Neurontin, Paroxetine, Prilosec, Amlodipine, Fenofibrate, Simvastatin, Trazodone, and Aspirin. The physical examination was noted to show lumbar spine decreased and painful range of motion (ROM). The treatment plan was noted to include decrease of Neurontin and prescription of Vicodin, prescribed since at least 3-19-2015, noted to reduce pain by greater than 50%, increased activity tolerance, no side effects, no aberrant behaviors, and a signed medication agreement in the office. The request for authorization dated 9-18-2015, requested Neurontin 800mg #180 and Vicodin 5-300mg #360. The Utilization Review (UR) dated 9-30-2015, approved the request for Neurontin 800mg #180 and modified the request for Vicodin 5-300mg #360 to certify #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #360: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in September 2002 and underwent right thumb arthroplasty in February 2015. He has a history of a cervical fusion in 2002 and lumbar fusion in 2004. When seen, medications were decreasing pain from 5-8/10 to 3/10 and lasting for 5 hours. Physical examination findings were that of decreased lumbar range of motion. Neurontin and Vicodin were prescribed. The total MED (morphine equivalent dose) was 20 mg per day. A three month supply of medications was provided. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually. The request for continued prescribing was medically necessary.