

Case Number:	CM15-0207691		
Date Assigned:	10/26/2015	Date of Injury:	07/02/2004
Decision Date:	12/14/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hawaii
 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:

This is a 49-year-old female with a date of injury on 7-2-04. A review of the medical records indicates that the injured worker is undergoing treatment for lower back and bilateral feet pain. Progress report dated 9-1-15 reports continued complaints of lower back, left buttocks and bilateral feet pain. The pain is described as constant, achy, shooting, tingling, numb and dull and ranges from 4-8 out of 10. The current pain is 7 out of 10, last reported pain is 4 out of 10, average pain is 8 out of 10. Medications bring the pain level down to 6 out of 10 for 3 hours. Current medications include: norco, lyrica, flexeril, dulcolax, ibuprofen and lexapro. Hydrocodone decreases pain by 50 percent allowing for increase in activity and walking tolerance. Objective findings: lumbar spine has decreased and painful range of motion. Treatments include: medication, H-wave, and orthotics. Request for authorization dated 9-18-15 was made for Retro (DOS 9/16/15): Vicodin 7.5-300 mg quantity 90. Utilization review dated 10-2-05 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 9/16/15): Vicodin 7.5/300mg #90: Overturned

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

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

Decision rationale: The patient presents with pain affecting the low back and bilateral feet. The current request is for Retro (DOS 9/16/15): Vicodin 7.5/300mg #90. The treating physician report dated 9/30/15 (16B) states, "Hydrocodone decreases pain by 50%, allows for increase in activity and walking tolerance, allows for work duties, no side effects, no abuse or aberrant behavior." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The report dated 9/30/15 notes that the patient's pain has decreased from 9/10 to 4-7/10 while on current medication. Patient noted no adverse effects or adverse behavior. The patient's ADL's have improved such as the ability to work part time, and walk on a regular basis. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Vicodin has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.