

Case Number:	CM15-0024600		
Date Assigned:	02/19/2015	Date of Injury:	03/09/1990
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/09/2015

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 72 year old male who sustained an industrial injury on 3/9/90. He currently complains of persistent back pain radiating to his legs. There is no note of the injured workers pain intensity or functional capacity. He uses a cane for ambulation. His medication is Norco 7.5 mg. Diagnosis is chronic pain syndrome with lumbar radiculopathy. Treatment includes the use of a back support; no other treatment is available for review. In the progress note dated 10/9/14 the treating provider indicates that the Norco controls the injured workers pain. On 1/7/15 Utilization Review non-certified the request for Vicodin 7.5/300 mg # 60 citing MTUS: Chronic pain Medical Treatment Guidelines: Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with persistent low back pain that radiates into the legs. This is a request for Vicodin 7.5/300 mg #60. The medical file provided for review includes 1 progress report which indicates that the patient's current medication is Norco and treatment plan was for refill of Norco 7.5/325 mg #60. Request for authorization (RFA) dated 10/15/2014 indicates that this is a request for Norco 7.5/325 mg. There is no discussion regarding the medication Vicodin. It is unclear if this request is for a refill or initiating a new opioid. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patients likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Recommendation for initiating a new opioid cannot be supported as there are no functional assessments to necessitate a start of a new opioid. MTUS states that functional assessments should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities. For chronic opiate use, the MTUS guidelines, pages 88 and 89, states, Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument. MTUS, page 78, also requires documentation of the 4 A's including analgesia, ADLs, adverse side effects, and adverse behavior. Pain assessment or outcome measures should also be provided and include current pain, average pain, least pain, intensity of pain with medication, time it takes for medication to work, and duration of pain relief. There is no discussion regarding medication efficacy. Recommendation for further use cannot be supported as the treating physician has not provided any specific or functional improvement, change in ADLs, or change in work status to document significant functional improvement with utilizing chronic opioid. There is no before-and-after pain scale provided to denote a decrease in pain. Furthermore, there are no discussions regarding aberrant behavior or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary.