

Case Number:	CM15-0025860		
Date Assigned:	02/18/2015	Date of Injury:	12/02/2011
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/11/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 (IW) is a 49 year old female who sustained an industrial injury on December 2, 2011. She has reported an injury involving multiple body parts. The diagnoses have included lumbar radiculitis, left knee pain, gastritis, medication related dyspepsia, and vitamin D deficiency. Treatment to date has included medications, electrodiagnostic studies, radiological imaging, and laboratory evaluations. Currently, the IW complains of low back pain and worsening depression. She reports her pain level as 6/10 with medications, and 9/10 without medications. The records indicate her pain is unchanged from previous visits. She reports having up to 2 hours of pain relief with medications and indicates she is better able to do activities of daily living. The records reveal she has been prescribed Vicodin since at least February 2, 2014. On February 2, 2015, Utilization Review modified certification of Vicodin 300 mg, quantity #60 with no refills to allow for reassessment. The MTUS guidelines were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of Vicodin 300 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 300 mg #60 with no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Criteria for Use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker (IW) has had a history of chronic lumbar radiculitis and lower extremity pain. The cited MTUS guidelines recommend short acting opioids, such as Vicodin, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The IW's records have included documentation of the pain with and without medication, no significant adverse effects, a pain contract on file, urine drug testing with CURES reporting, objective functional improvement, and other first-line pain medications. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's. Based on the available information, Vicodin 300 mg #60 is medically necessary and appropriate.