

Case Number:	CM15-0218625		
Date Assigned:	11/10/2015	Date of Injury:	09/09/2014
Decision Date:	12/29/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/06/2015

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 a 44 year old male, who sustained an industrial injury on September 9, 2014. He reported a pop in his back followed by pain in his low back with radiation into his bilateral legs, more so on the left. The injured worker was currently diagnosed as having lumbar radiculopathy and sprains and strains of lumbar region. Treatment to date has included diagnostic studies, acupuncture, medication and physical therapy. On September 29, 2015, the injured worker complained of increased lower back pain with radiation into the left leg, thigh and foot with increasing numbness. He also reported pain and numbness over both big toes. His pain level was noted to be increased since his last visit as a 9 on a 1-10 pain scale. His activity level was noted to be decreased. Physical examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles. Range of motion was restricted with flexion limited to 40 degrees and extension limited to 15 degrees due to pain. Straight leg raise test was positive on both sides in sitting at 90 degrees and crossed straight leg raising. The treatment plan included a referral for a spine specialist, MRI, acupuncture and Vicodin. On October 19, 2015, utilization review denied a request for Vicodin 5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325 MG #60: Upheld

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

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

Decision rationale: The patient was injured on 09/09/14 and presents with low back pain which radiates to the bilateral legs. The request is for Vicodin 5/325 mg #60. There is no RFA provided and the patient is not currently working. Treatment reports are provided from 06/09/15 to 10/10/15 and the patient has been taking this medication as early as 06/09/15. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The 09/29/15 treatment report states that the patient rates his pain as a 9/10 and an 8-9/10 on average. The 10/10/15 treatment report indicates that the patient rates his pain as a 6/10 and injury is "gradually improving with medication." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Vicodin is not medically necessary.