MAXIMUS Federal Services

Case Number:	CM15-0225177		
Date Assigned:	11/23/2015	Date of Injury:	09/10/1985
Decision Date:	12/31/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/17/2015

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: New Jersey
Certification(s)/Specialty: 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 is a 64 year old female, who sustained an industrial injury on 09-08-1985. She has reported injury to the low back. The diagnoses have included chronic pain, other; failed back surgery syndrome, lumbar; lumbar radiculopathy; status post fusion, lumbar spine; and insomnia. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, home exercise program, and surgical intervention. Medications have included Vicodin, Diclofenac, Ketoprofen, Gabapentin, and Lunesta. A progress report from the treating physician, dated 10-12-2015, documented an evaluation with the injured worker. The injured worker reported low back pain that radiates down the bilateral lower extremities; the pain is rated as 6 out of 10 in intensity on average with medications since the last visit; the pain is rated as 9-10 out of 10 in intensity without medications since the last visit; the pain is unchanged since the last visit; the pain is aggravated by activity; she reports ongoing activity of daily living limitations due to pain; lower extremity pain; pain is in the right hip; insomnia is stable with medications; and nausea-gastrointestinal upset is less now. The injured worker has noted that the use of a TENS and opioid pain medication are helpful; the pain relief from each medication dose lasts for 2-3 days; and areas of functional improvement as a result of this therapy included climbing stairs and walking in the neighborhood. Objective findings included she is alert and observed to be in moderate distress; tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels; lumbar spine range of motion was moderately limited secondary to pain; pain was significantly increased with flexion and extension; and sensory exam shows decreased sensitivity to touch along the L5-S1 dermatome in the left lower extremity. The treatment plan has included the request for Vicodin 5-300mg #60. The original utilization review, dated 11-03-2015, modified the request for Vicodin 5-300mg #60, to Vicodin 5-300mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5-300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, most of this review had been documented over the prior months of Vicodin use. However, there was no specific report of functional gains or losses with vs. without Vicodin, independent of other medications. Regardless, the provider repeatedly stated weaning was the goal with this medication and a reduction was made months prior to this request, with the current request for twice daily used being the frequency for many months. It is reasonable to attempt a further wean down as recommended by the provider already. Therefore, less pills would be medically necessary than requested. The request for Vicodin 5-300mg #60 is not medically necessary.