

Case Number:	CM15-0226066		
Date Assigned:	11/24/2015	Date of Injury:	01/01/2008
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
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 York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 66 year old female with an industrial injury dated 01-01-2008. A review of the medical records indicates that the injured worker is undergoing treatment for chronic degenerative joint disease of hip, chronic displacement of lumbar disc with myelopathy, sacroiliac ligament, chronic pain syndrome, and lumbar radiculopathy. According to the progress note dated 09-28-2015, the injured worker reported low back, right hip and left knee pain. Current pain and average pain level was 6 out of 10 on a visual analog scale (VAS). Current medications include Horizant, Vicodin (since at least August of 2015), Lisinopril, Metformin, atorvastatin, Aggrenox and Allopurinol. Objective findings (07-30-2015, 08-27-2015, 09-28-2015) revealed antalgic gait, decreased painful lumbar range of motion with tenderness to palpitation and decreased painful right hip range of motion. Treatment has included Electromyography (EMG), Magnetic Resonance Imaging (MRI) of lumbar spine, urine drug screens, prescribed medications, acupuncture, cognitive behavioral therapy, chiropractic treatment, injections, physical therapy, modified work, and periodic follow up visits. The treatment plan included medication management. The treating physician reported (09-28-2015) that the Vicodin decreases the pain by 50 percent, improved activity tolerance and the injured worker has no side effects. The treating physician also reported that the urine drug screen is consistent with prescribed medications and the lowest possible dose is prescribed. The utilization review dated 10-29-2015, non-certified the request for Vicodin 7.5-300mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300mg #120: 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 for chronic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records. Therefore is not medically necessary.