

Case Number:	CM15-0030786		
Date Assigned:	02/25/2015	Date of Injury:	01/13/2014
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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 32 year old male with an industrial injury dated 01/13/2014. He presented on 01/06/2015 with complaints of low back pain. He rates the pain as 4-5/10 without medications and 2/10 with Baclofen. Physical exam revealed he was slow and guarded in his transfers and ambulation due to pain. His back range of motion reveals a flexion of 50 degrees and an extension of 20 degrees. He had moderate tenderness to palpation across his low back. Prior treatments include medications. Physical therapy was requested. Diagnosis was low back pain, discogenic low back pain and myofascial low back pain. On 01/21/2015 the request for Vicodin 5/325 # 60 was modified to Vicodin 5/300 mg # 30. MTUS and ACOEM were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain and weakness in his lower back and right leg. The request is for VICODIN 5/325mg #60. The patient is currently taking Vicodin 5/300mg and Baclofen. The patient started utilizing Vicodin between 12/04/14 and 01/06/15. The 01/06/15 progress report states that "without medications his pain is 4-5/10 and with Baclofen his pain is down to 2/10 and controlled." MTUS Guidelines 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 page 78 also requires documentation of the 4 A's (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 guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." The review of the reports does not show any discussion specific to this medication other than "without medications his pain is 4-5/10." The 4 A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Vicodin IS NOT medically necessary.