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| Case Number: | CM15-0033134 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 03/22/2010 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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, Pain Management

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 65 year old female, who sustained an industrial injury on 3/22/2010. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included conservative measures. Currently, the injured worker complains of low back pain with radiation to both legs, since two years, rated 7/10. The symptom was aggravated by standing and relieved by "none". She reported that the level of pain was tolerable with pain medication regime. Physical exam noted left foot and calf swelling, with tenderness at the left calf. Give away weakness was noted with bilateral hip flexion and knee extension. Sensation was intact and straight leg raise test was positive at 30 degrees bilaterally. Medications included Soma, "topical cream", and Vicodin ES. X-ray of the lumbar spine, dated 2/14/2014, noted no dynamic instability following flexion or extension maneuver, relatively unchanged 9.2mm anterolisthesis of L4 and L5, and mild levocurvature of the lumbar spine. An office note, dated 7/09/2014, referenced lumbar x-rays on that date showed grade 2 spondylolisthesis at L3-L4, with disc degeneration and facet arthropathy at L4-L5. There was significant disc degeneration, with almost bone on bone changes, associated with osteophyte formation. Urine drug screenings were submitted. On 2/05/2015, Utilization Review modified a request for Vicodin 7.5/300mg #120, to Vicodin 7.5/300mg #90, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Vicodin (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Vicodin (hydrocodone/acetaminophen) is not medically necessary.