

Case Number:	CM15-0039369		
Date Assigned:	03/09/2015	Date of Injury:	03/03/2010
Decision Date:	04/21/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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: Pennsylvania, Ohio, 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 49-year-old male with an industrial injury dated March 3, 2010. The injured worker diagnoses include chronic neck pain, chronic low back pain, chronic mid back pain and moderate scoliosis, sleep difficulty, depression and anxiety. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, epidural injections and periodic follow up visits. According to the progress note dated 1/21/2015, the injured worker reported low back pain that radiates down leg with numbness and tingling in the right foot. The injured worker also reported constant neck pain and headaches. Objective findings revealed guarding and muscle spasm with range of motion for the lumbar spine, tenderness to palpitation of the paraspinal musculature, decreased sensation at the right posterior thigh and leg and bilateral positive straight leg raises. The treating physician noted that the injured worker presented wearing a lumbar corset. Tenderness to palpitation of the cervical spine, painful limited lumbar spine range of motion, and right positive toe walk were also noted on exam. Treatment plan consist of follow up appointment, continue the usage of back support, prescribed medications, psychiatrist treatment and request for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/350 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.