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| Case Number: | CM15-0045760 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 11/29/2011 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 03/04/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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: Preventive Medicine, Occupational 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 49-year-old male who sustained a work related injury on November 29, 2011, after a forklift ran over his left foot. He was diagnosed with a crush injury of the left foot/second toe and post-traumatic degenerative joint disease of the second metatarsophalangeal joint in the foot. Magnetic Resonance Imaging (MRI) of the left foot revealed osteoarthritic changes. Treatment included pain medications, anti-inflammatory drugs, rest and physical therapy. Currently, the injured worker complains of constant left foot pain and lower extremity pain and is aggravated by activity, standing, walking and weight bearing activities. Authorization was requested for a prescription of Vicodin ES for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5-300 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 75, 78, 79, 80, 132.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records indicate that while the injured worker's condition has worsened. He has been taking Vicodin ES 7.5/300 mg during this interval. The injured worker's symptoms are improved with rest, but there is no report of symptom reduction or functional improvement with the use of Vicodin ES 7.5/300 mg. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. Utilization review recommended modification of this request to allow for weaning. The request for Vicodin ES 7.5-300 mg #120 is determined to NOT be medically necessary.