

Case Number:	CM15-0046161		
Date Assigned:	03/18/2015	Date of Injury:	06/13/2012
Decision Date:	04/23/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 37-year-old male who sustained an industrial injury on 6/13/12 involving a motor vehicle accident, resulting in injury to his left knee, left femur, hip, pelvis and ribs. He was extricated after being pinned in the vehicle for two hours. He currently is experiencing intermittent left knee pain, low back and left hip pain. In addition, he has a lump in his left forearm where the glass is located. Medication is Vicodin. There was no pain intensity noted. Diagnoses include chronic left thigh pain, status post left femoral fracture with open reduction internal fixation; chronic left trochanteric pain, status post left acetabular fracture (6/13/12); status post bilateral rib fracture, left greater than the right; status post contusions and abrasions; foreign body in the left forearm; pulmonary infarct; chronic left knee pain with exacerbation of the lateral meniscal injury; facial scarring; memory deficits, status post- concussion; depression; chronic low back pain, with prior history of low back pain; left leg stitch abscess and sexual dysfunction secondary to work injury. In the progress note dated 12/16/14 the treating provider is requesting continuation of Vicodin as the injured worker has increased functional ability with this medication and it helps with his left hip and left leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although there were reports found in the notes suggesting that this full review was completed periodically, there was insufficient detail provided regarding the worker's pain levels and functional abilities (specifically) with and without the Vicodin use to help justify its continuation as generally opioids are not recommended to be used on a chronic basis. Therefore, the Vicodin will be considered not medically necessary at this time.