MAXIMUS Federal Services

Case Number:	CM15-0049021		
Date Assigned:	03/20/2015	Date of Injury:	12/02/2009
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female, who sustained an industrial injury on December 2, 2009. The injured worker had reported a low back injury. The diagnoses have included lumbar herniated nucleus pulposus, chronic myofascial pain, post-laminectomy syndrome and chronic pain syndrome. Treatment to date has included medications, radiological studies, physical therapy, injections and lumbar surgery times two. Current documentation dated February 17, 2015 notes that the injured worker reported worsening low back pain with radiation to the left lower extremity with associated numbness and tingling. Physical examination of the lumbar spine revealed tenderness to palpation and a decreased and painful range of motion. The treating physician's plan of care included a request for a trial of Neurontin and Vicodin. Vicodin was non-certified by UR citing CA MTUS chronic pain guidelines. This is appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF VICODIN 10/300 MG #210, 1 TAB Q4-6 HOURS MAX 7/DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 79.

Decision rationale: The injured worker is currently on Norco and trialing Neurontin. With regard to the request for Norco, the documentation indicates that the IMR report of 1/8/2015 noncertified the Norco appeal citing California MTUS opioid guidelines indicating the benefit for pain was not quantified and there was no specific indication of functional improvement and no discussion regarding aberrant use. Weaning was recommended. Since that time there is no additional information with regard to detailed functional benefit. California MTUS chronic pain guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment should be indicated by decreased pain, increased level of function, or improved quality of life. The 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors should be documented. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The patient should be asked to keep a pain diary. Use of drug screening is recommended with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications and continuing review of overall situation with regard to non-opioid means of pain control should be monitored. The prescriptions should be from a single practitioner and the lowest possible dose should be prescribed to improve pain and function. The documentation does not include such monitoring. As such, weaning is recommended. In light of the foregoing, the request for Vicodin 10/300 #210 is not supported and the medical necessity of the request has not been substantiated.