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| Case Number: | CM15-0081804 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 11/14/2007 |
| Decision Date: | 06/08/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 04/28/2015 |

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

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 52 year old male, who sustained an industrial injury on 11/14/07. The injured worker was diagnosed as having left sided paresthesia secondary to CVA, impaired speech with heavy deficit in left ear and peripheral vision gone in both eyes. Treatment to date has included oral medications including narcotics. Currently, the injured worker complains of left sided sharp, burning, numb, aching, pain, numbness, discomfort, tightness and throbbing rated 9/10 with medications and 10/10 without medications. Physical exam noted moderate muscle spasms in left anterior trapezius, left anterior shoulder, left biceps, left anterior elbow, left anterior forearm, left anterior wrist, left anterior thigh, left anterior knee, left shin, left ankle, left trapezius, left posterior shoulder, left triceps, left posterior elbow, left posterior forearm, left posterior wrist, left posterior hand, left posterior pelvis/hip, left posterior thigh, left posterior knee, left calf, left ankle and left plantar foot. A request for authorization was submitted for Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77, 78, 88, 89.

Decision rationale: Based on the 12/09/14 progress report provided by treating physician, the patient presents with left sided pain in the shoulder, elbow, wrist, hip, knee and ankle which increases with activities. The request is for VICODIN 7.5/300MG #90. Patient's diagnosis per Request for Authorization form dated 02/26/15 includes left sided parasthesia secondary to CVA, impaired speech with heavy deficit left ear, and peripheral vision gone in both eyes. Patient's medications include Vicodin and Baclofen. The patient is retired, per 04/10/15 progress report. Treatment reports were provided from 08/01/14 - 04/10/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Vicodin has been included in patient's medication's, per treater reports dated 08/05/14, 01/23/15, and 04/10/15. In this case, treater has not stated how Vicodin reduces pain and significantly improves patient's activities of daily living. Per 02/26/15 treater report, patient's pain is rated 9/10 with and 10/10 without medications. Treater has addressed analgesia, but a 1 point difference in VAS does not indicate significant benefit, and there are no validated instruments, either. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS dated 09/05/14 revealed expected results. No mention of opioid pain agreement or CURES reports. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.