

Case Number:	CM15-0082421		
Date Assigned:	05/04/2015	Date of Injury:	12/08/2009
Decision Date:	06/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 35 year old female who sustained an industrial injury on 12/08/2009. The initial manner of injury and injury are not described, but her diagnoses include status post C6-7 anterior cervical discectomy and fusion (ACDF); post-operative right cervical radiculopathy; status post right cubital tunnel release, with subluxing ulnar nerve, left greater than right lumbar radiculopathy; chronic intractable pain; grade I retrolisthesis of L2 on L3; L4-S1 facet arthropathy. Treatment to date has included surgeries, medications and facet blocks. Currently, the injured worker complains of neck, right elbow, and back pain. The treatment plan is to restrict heavy pushing or pulling with the right arm, refill oral pain medications, and re-request the bilateral medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Vicodin 5/500mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in December 2009 and continues to be treated for neck, elbow, and back pain. When seen, pain was rated at 6-7/10 without medications and 4-5/10 with medications. Vicodin was being prescribed at a total MED (morphine equivalent dose) of 15 mg per day. The requesting rider documents a pain contract and compliance with urine drug screening. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain relief. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Vicodin is medically necessary.