

Case Number:	CM14-0004431		
Date Assigned:	02/05/2014	Date of Injury:	06/10/2002
Decision Date:	06/30/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old with a June 10, 2002 date of injury after attempting to loft a heavy doorframe. The patient was noted to be temporarily totally disabled on October 5, 2004. He was seen on December 16, 2013 where the patient complained of ongoing right arm pain and weakness, 8/10. The patient notes he is able to perform ADL's with his medications. Exam findings revealed decreased range of motion in the right shoulder and C spine. The diagnosis is cervical radiculopathy. A progress note dated October 14, 2013 stated the patient had 8/10 pain without his medications and 4/10 pain with them. A urine drug screen was collected on that visit which was consistent with use of hydrocodone. A UR decision dated December 24, 2013 was modified the request given there was no evidence of functional improvement. The modification was made to allow for a taper. Of note, a UR decision dated September 30, 2013 also modified the same request for the same reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR VICODIN ES 7.5/300MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, ONGOING MANAGEMENT,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A prior Ur review stated that the use of Vicodin was not supported in this patient as there was no evidence of functional gains. However, the documentation shows evidence of urine drug screens, which are consistent with hydrocodone use. In addition the patient notes his pain to be 8/10 without his medication and 4/10 with his medication, as well as the ability to perform ADL's in the most recent progress notes. Thus there is evidence of functional gain, pain control, and monitoring. The request for one prescription for vicodin es 7.5/300mg, thirty count, is medically necessary and appropriate.