

Case Number:	CM14-0101602		
Date Assigned:	07/30/2014	Date of Injury:	06/01/2012
Decision Date:	10/07/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

The injured worker is a 31 year-old man sustained an industrial injury on 06/01/2012. The injured worker states he was approximately 23 feet off the ground on the inspection site when he lost his balance and fell 23 feet, landing on his back. He had back surgery and since then he has had back pain with bilateral lower extremity pain, numbness and tingling; and left shoulder pain, with a diagnosis of failed back syndrome. He was seen on June 9, 2014 when he complained of chronic back and lower extremity weakness. An exam showed normal muscle strength and reflexes with reduced range of motion in the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF VICODIN 7.5/300MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Vicodin is acetaminophen/hydrocodone (generic available), an opioid analgesic indicated for moderate to moderately severe pain. It is a short-acting opioid: also known as "normal-release" or "immediate-release" opioid with a duration of action of about 3-4

hours. Per the Medical Treatment Utilization Schedule, review and documentation of pain relief, functional status, appropriate medication use and side effects are needed. Pain assessment should include the 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 pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the worker has returned to work; however, this information has not been made available. The documentation provided on this injured worker states that this injured worker has been taking Vicodin and there is no documentation of improved functionality, pain relief, return to work, decreased use of medications or improved quality of life. In addition, the worker has been on Norco, another opioid and it is unclear if he is still taking Norco. He does not meet the criteria for ongoing management, so the request is not medically necessary and appropriate.