

Case Number:	CM14-0112058		
Date Assigned:	09/16/2014	Date of Injury:	06/11/2009
Decision Date:	10/15/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation 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 65-year-old patient sustained an injury on 6/11/09 while employed by [REDACTED]. Request(s) under consideration include Vicodin 5/325 #90. Diagnoses list failed low back surgery syndrome s/p lumbar fusion at L4-S1 in August 2012. The patient continued to treat for chronic ongoing symptoms. Medications list Lyrica, Norco, and Motrin. Report of 6/6/14 from the provider noted the patient with low back pain radiating down both legs with associated numbness and weakness. Exam showed tenderness at lumbosacral region; positive SLR bilaterally; anterolateral dysesthesia; otherwise unchanged. Report of 7/8/14 from P.A. provider noted the patient with continued chronic low back pain and bilateral leg pain; hip pain and numbness decreased by new combination of medication rated at 5-7/10. Medication lists were unchanged. Exam showed unchanged lumbosacral tenderness; positive SLR bilateral with dysesthesia anterolateral. Diagnoses include failed low back surgery syndrome; lumbar DDD/ facet arthropathy/ radiculopathy/ and pain. Treatment included medication refills. The request(s) for Vicodin 5/325 #90 was non-certified on 7/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Vicodin 5/325 #90 is not medically necessary and appropriate.