

Case Number:	CM14-0123820		
Date Assigned:	08/08/2014	Date of Injury:	02/29/2012
Decision Date:	10/23/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/05/2014

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 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 29, 2012. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and opioid therapy. In a Utilization Review Report dated August 1, 2014, the claims administrator denied a request for Vicodin. The claims administrator stated that it was basing its decision on request for authorization form dated July 25, 2014. The RFA form, however, was not incorporated into IMR packet. The applicant's attorney subsequently appealed. The sole progress note on file dated May 30, 2014 was handwritten, difficult to follow, and not entirely legible. It appears that the applicant received acupuncture and related modalities, including myofascial release and infrared therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg #60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Opioids specific drug list .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. In this case, however, the applicant's work status was not furnished either by the attending provider or the claims administrator. The applicant's response to opioid therapy was not detailed. The attending provider failed to quantify any decrements in pain and/or outline any material improvements in function achieved as result of ongoing Vicodin usage, although it is acknowledged that the claims administrator has seemingly failed to incorporate the progress note on which the article at issue was sought. Nevertheless, the information, which is presently on file, does not support the request. Accordingly, the request is not medically necessary.