

Case Number:	CM14-0128353		
Date Assigned:	09/05/2014	Date of Injury:	02/06/2006
Decision Date:	09/29/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 Georgia. 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 claimant is a 57-year old female presenting with chronic pain following a work related injury on 02/06/2006. The claimant complained of low back pain. The physical exam showed limited range of motion of the lumbar spine on extension, +1 lower extremity stretch bilaterally, give way weakness of bilateral lower extremities, sensory deficits left L3-4 and L5-S1 dermatomes. The medications included Cymbalta 120mg, Metoprolol, Synthroid, Ibuprofen, Vicodin, and Ambien. The claimant was diagnosed with lumbar disc disease, left sciatic neuropathy, depressive symptoms/major depression. According to the medical records the claimants work status was listed as "No cove or water line work. A claim was made for Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325 mg #50 1 po up to TID for pain. No refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91, 76,78-80,81, 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: The claimant is a 57-year old female presenting with chronic pain following a work related injury on 02/06/2006. The claimant complained of low back pain. The physical

exam showed limited range of motion of the lumbar spine on extension, +1 lower extremity stretch bilaterally, give way weakness of bilateral lower extremities, sensory deficits left L3-4 and L5-S1 dermatomes. The medications included Cymbalta 120mg, Metoprolol, Synthroid, Ibuprofen, Vicodin, and Ambien. The claimant was diagnosed with lumbar disc disease, left sciatic neuropathy, depressive symptoms/major depression. According to the medical records the claimants work status was listed as "No cove or water line work. A claim was made for Vicodin. Therefore, Vicodin 5/325 mg #50 1 by mouth up to three times per day for pain No refills is not medically necessary.