

Case Number:	CM14-0164852		
Date Assigned:	10/09/2014	Date of Injury:	04/04/1991
Decision Date:	11/04/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/07/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 was a truck driver reported to have been injured 4/4/91 with a permanent disability assigned at 2%. He later underwent a right L5-S1 discectomy. Subsequently continued to remain with chronic low back pain. In the spring of 2014 he was using Vicodin 5/300 daily as needed with 30 tabs and 2 refills approved. Additionally he was using Valium and NSAID's. He reported to the treating physician for an appointment 9/15/14. At that visit the member reported having a hard time getting the Vicodin refilled. The symptoms in his back were stable but persistent with no improvement. He was reported to be continuing a home exercise program, NSAID's "as much as possible" and the Vicodin "as needed". The examination described paraspinal spasm and a restricted range of motion with flexion, extension and lateral bending. Motor strength reflexes and SLR were within normal limits. The working diagnoses remained status post L5-S1 discectomy and chronic low back pain. The decision was taken to continue with the NASID and increase the Vicodin to 7.5/300 twice a day as needed, 60 and 2 refills. At issue is the prescription for the Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PART 2
Page(s): 77-97.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. They would be used in conjunction with these medications rather than as a replacement as in this case. Continuation of the use of opioids would be best assessed on the basis of a return to work and evidence for improved functioning and reduced pain. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. Vicodin is considered a member of the short-acting family of opioids and as such faces a much higher risk of rebound pain and subsequent misuse. This member was found to have had a stable condition with no documented evidence for reduction in pain or improvement in function related to the use of opioids. In the face of evidence for limited utility for improved function, recommendations for short term use and the ongoing risk for rebound pain and dependence, continued use of Vicodin cannot be supported. The request for Vicodin is not medically necessary.