

Case Number:	CM14-0087515		
Date Assigned:	07/23/2014	Date of Injury:	12/10/2009
Decision Date:	10/08/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/10/2014

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, has a subspecialty in Pain 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 injured worker is a 66 year old female who reported an injury on 12/10/2009. The mechanism of injury was not provided. Diagnoses were listed as diabetes mellitus, chronic lumbar back pain, failed back surgery syndrome with chronic intractable spinal pain, chronic bilateral lower extremity radicular symptoms with evidence for bilateral L5-S1 radiculopathy, status post pelvic trauma, chronic sacroiliac pain, chronic bilateral ankle pain either from radicular etiology or bilateral ankle sprains, and chronic depression. Previous treatments included physical therapy, acupuncture, lumbar epidural injection, and medications. The diagnostics included a MRI on 02/28/2013 which revealed an L4-L5 disc protrusion along with facet hypertrophy causing severe narrowing of the right neuroforamen and mild central canal stenosis, and an electrodiagnostic study noted on 12/24/2013 that revealed evidence for bilateral L5-S1 radiculopathy. The injured worker has a surgical history that included a laminectomy and discectomy of the L4- L5 level on 10/2011. On 04/08/2014, the injured worker complained of neck, upper and lower back pain. She denied any abdominal pain. Upon physical examination, she was noted to have paracervical tenderness from C2 to C7-T1 and paralumbar tenderness from L1 to L5-S1. Anteflexion of the head on the neck allowed for about 30 degrees. Extension was 5 degrees. The rotation to the left is 45 degrees and 30 degrees to the right. Medications were noted to be Vicodin 5 mg, Amitriptyline 10 mg, Atarax 25 mg, Lidoderm patches 1 to 3 per day, and Neurontin 300 mg. The treatment plan was to continue medications, continue to pursue psychiatric evaluation, and a lightweight wheelchair. The rationale for the request was not provided. The request for authorization form was submitted and signed on 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use Page(s): 75; 78.

Decision rationale: The MTUS Chronic Pain Guidelines note this short-acting opioid is often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as Acetaminophen and Aspirin. These adjunct agents may limit the upper range of dosing of short acting agents fur to their adverse effects. The criteria noted in the Guidelines for ongoing monitoring of chronic patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation did not address pain relief evidenced by numeric pain scales, activities of daily living, adverse side effects, or aberrant drug-taking behaviors. There were no records of urine drug testing provided. No response to treatment was indicated by the injured worker in the form of decreased pain, increased level of function, or improved quality of life. Therefore, the request for Vicodin 5 mg #120 is not medically necessary.

Atarax 25mg #120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Treatment Guidelines (ODG), Work Loss Data Institute, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Insomnia treatment

Decision rationale: The request for Atarax 25 mg, by mouth, every 6 hours, #120 is not medically necessary. The Official Disability Guidelines may recommend an antihistamine for sleep aids. They state that tolerance seems to develop within a few days and next-day sedation has been noted as well as impaired psychomotor and cognitive function. The injured worker was noted to have depression and reported no abdominal pain. There was no documentation with evidence of the efficacy of the medication and no clear rationale as to why it is needed to support the request. Therefore, the request is not medically necessary.