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| Case Number: | CM14-0096906 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 01/08/2000 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

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 Nevada. 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 records, presented for review, indicate that this 51-year-old male was reportedly injured on January 8, 2000. The most recent progress note, dated June 9, 2014, indicated that there were ongoing complaints of neck pain and low back pain with radiation into his left leg and foot. He describes his neck pain as intermittent, worse after activities, and improves with medications. He describes his low back pain as stabbing and rates it 10/10 without medication and rates it as 3/10 to 4/10 on the pain scale with medication. The physical examination demonstrated an individual with normal range of motion to the upper extremities, with multiple areas of muscle tightness in the shoulders and scapular region. He has limited range of motion with flexion and extension of his neck. He has normal strength in his upper extremities. Diagnostic imaging studies were not included for review. Previous treatment included use of Motrin 800 mg every eight hours as needed for pain, use of Vicodin 5/300 mg every six hours as needed for pain, and a daily exercise and stretching program. A request had been made for Vicodin 5/300 mg/tab, one tab every six hours as needed, #120 tablets, and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List; Criteria for use; Weaning of Medicati.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As noted in the MTUS, this is for the short-term management of moderate to severe breakthrough pain. Furthermore, as outlined in the MTUS, the treatment plan parameters outlined in the MTUS for chronic opioid use require noting if the diagnosis has changed, other medications are being employed, or if any attempt has been made to establish the efficacy of the medications and documentation of functional improvement. Furthermore, adverse effects have to be addressed. While the most recent progress note provided for review does state that the patient reports improvement in his pain with use of the medication, the clinician fails to provide objective findings of increased functionality or improvement in pain. Therefore, the medical necessity has not established.