

Case Number:	CM14-0192897		
Date Assigned:	11/26/2014	Date of Injury:	08/24/2009
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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:

Patient is a 44-year-old male presenting with a work-related injury on August 24, 2009. Patient was diagnosed with pain in joint involving ankle and foot, lumbar ago, thoracic or lumbosacral neuritis or radiculitis, and status post lumbar disc replacement surgery at the L45 level on August 30, 2011. CT scan of the lumbar spine on August 6, 2014 revealed disc prosthesis placement at L4 - five with no loosening of the prosthesis. X-ray of the lumbar spine on August 6, 2014 revealed birthday displacement at L4 - L5 with no evidence of loosening of the. On October 9, 2014 the patient complained of low back, right leg, and right foot pain. The physical exam revealed tenderness over the dorsum of the right foot in the area of scar; anti-flexion of the trunk on the pelvis of 30, extension 5, rotation to the left 10, rotation to the right 10, lateral flexion to the left 10 and lateral flexion to the right 5; there was paralumbar tenderness from L2 to L5 - S1 with slight spasm. 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 5/300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

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

Decision rationale: Vicodin 3/300 mg #90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.