

Case Number:	CM14-0198482		
Date Assigned:	12/08/2014	Date of Injury:	10/21/2000
Decision Date:	01/21/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal 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 61-year-old man with a date of injury of October 21, 2000. The mechanism of injury occurred when he was fitting a high-pressure irrigation pipe, one on top of the other, when a portion of the pipe exploded upwards with force of water. He was hit in the left groin, thigh, and abdomen. He was thrown back onto the ground approximately 10 feet away from the pipes. The current working diagnoses are left L5 radiculopathy and left S1 radiculopathy; lumbar spondylosis without myelopathy; myofascial pain syndrome; axial low back pain; opioid tolerance; and opioid-induced hyperalgesia. The injured worker has undergone more than 12 chiropractic treatments, and more than 24 physical therapy sessions. He has also had multiple injection therapies including epidural steroid injections. Pursuant to the progress note dated September 8, 2014, the injured worker complains of significant pain and flares. He is unable to sleep. He is not interested in further injection therapy. Physical exam reveals decreased sensation to light touch and pin prick in the posterior calf and the posterior thigh on the left side. He has positive slumps test on the left. Current medications include HCTZ 25mg, Symbicort, Metformin 1000mg, Lyrica 150mg, Simvastatin 40mg, Vicodin 5/300mg, Omeprazole 20mg, Lidoderm patches, and ASA. The injured worker has been taking Vicodin since at least August of 2011, when it appeared in the documentation for the 1st time. The Vicodin continued to be refilled consistently from August of 2011 to present. There were no detail pain assessments or documentation of functional improvement associated with Vicodin. There was a urine drug screen (UDS) in the record dated August 23, 2013. The UDS was negative for Vicodin, and positive for Hydromorphone, which was not part of the injured worker's medication regimen. There was an additional UDS in the record dated July 23, 2014 that had inconsistent results as well. The UDS was positive for Vicodin, which the injured worker was taking and positive for

Hydromorphone, which was not prescribed. The current request is for Vicodin 5/300mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines (ODG), Vicodin 5/300 mg #60 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is 61 years old the date of injury October 21, 2000. According to the documentation the injured worker suffered with chronic low back pain. He has had physical therapy, chiropractic therapy and multiple injections. He has an additional diagnosis of opiate tolerance and opiate induced hyperalgesia. An August 3, 2011 progress note documented Vicodin was being used. It is unclear whether it was a refill or whether Vicodin was first started at that time. Subsequent progress notes indicated Vicodin was prescribed on October 5, 2012, March 25, 2013, August 26, 2013, December 11, 2013, July 21, 2014, and September 8, 2014. Notably, the injured worker had an inconsistent urine drug screen on August 23 of 2013. Although the worker was taking Vicodin (hydrocodone) the urine drug screen was negative for hydrocodone but was positive for Hydromorphone. This was an inconsistent result. A repeat urine drug screen was performed July 23, 2014. It was positive for hydrocodone and again positive Hydromorphone. The injured worker was not taking the drug responsible for the Hydromorphone byproduct. There is no documentation in the medical record indicating objective functional improvement and there is documentation of opiate tolerance with inconsistent urine drug screens. Additionally, Vicodin comes in 5/500mg form, not 5/300mg. Based on the guidelines and medical reports provided for review, this request for Vicodin 5/300 mg #60 with 2 refills is not medically necessary.