

Case Number:	CM14-0210561		
Date Assigned:	12/23/2014	Date of Injury:	12/24/1990
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 52 year old male with an injury date on 12/24/90. The patient complains of constant and worsening low lumbar pain rated 8/10 that radiates into the bilateral buttocks with associated stiffness/numbness per 11/17/14 report. The patient states that rest and narcotic medications relieve the pain, and worsens with cold weather per 11/17/14 report. The patient walks for 30 minutes a day, and does calisthenics every other day per 11/17/14 report. The pain worsens with prolonged sitting per 10/20/14 report. Based on the 11/17/14 progress report provided by the treating physician, the diagnosis is lower back pain. A physical exam on 11/17/14 showed "tenderness to palpation in lumbar paraspinals. Spasm. Normal gait." No range of motion testing of L-spine was provided in documentation. The patient's treatment history includes medications, trigger point injection, home exercise program, heat/cold therapy. The treating physician is requesting 1 prescription of Vicodin 7.5 325mg #90 with 2 refills. The utilization review determination being challenged is dated 11/24/14. The requesting physician provided treatment reports from 2/6/13 to 11/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5325mg #90 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 Medication for chronic pain; Criteria for use of opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: This patient presents with lower back pain, bilateral buttock pain. The treater has asked for Vicodin 7.5325mg #90 with 2 refills on 11/17/14. Patient has been taking Vicodin since 2/6/13 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Vicodin, stating "he notes some relief with rest and narcotic medication" per 11/17/14 report, but there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology is not mentioned in provided reports, and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.