

Case Number:	CM14-0212541		
Date Assigned:	01/02/2015	Date of Injury:	04/01/2009
Decision Date:	02/23/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 male who reported an injury on 04/01/2009. The mechanism of injury was a fall. His diagnoses include sprain of the back (not otherwise specified) and failed lumbar spine operation. His past treatments include narcotic medication. The diagnostic studies included an MRI of the lumbar spine, performed on 05/27/2012, which revealed a disc extrusion at the L2-3 level, and a disc bulging at the L3-4 and L4-5 levels. His surgical history included a right L2-3 and L3-4 laminotomy with foraminotomies at the L2-3 through the L4-5 levels in 06/2011. On 11/24/2014, the injured worker presented with ongoing low back pain, with associated chronic radicular pain. He reported decreased activities of daily living without Vicodin was noted to be taking 5 mg of Vicodin 3 times daily. The physical examination revealed ongoing decreased range of motion of the lumbar spine secondary to pain. His medications include Vicodin 5mg 1 tablet three times daily. The treatment plan included an increase of Vicodin from 5mg to 7.5mg to be taken twice daily as need for pain. A Request for Authorization form was submitted for review on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300mg 1 tab BID Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

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

Decision rationale: The California MTUS Guidelines recommend documented monitoring of ongoing use of opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injury occurred in 04/2009 and the injured worker reported ongoing low back pain. However, there was no evidence of objective pain relief, a discussion of side effects, objective functional improvement, and an assessment for aberrant drug-related behavior. Therefore, in the absence of this documentation, the request for Vicodin 7.5/300 mg 1 tab BID Quantity 60 is not medically necessary.