MAXIMUS Federal Services

Case Number:	CM14-0212736		
Date Assigned:	12/30/2014	Date of Injury:	11/02/2007
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 2, 2007. In a Utilization Review Report dated November 19, 2014, the claims administrator partially approved a request for Vicodin, reportedly for weaning purposes. The claims administrator contended that the attending provider had accepted the weaning or tapering schedule. A November 6, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In an October 10, 2014 Medical-legal Evaluation, it was acknowledged that the applicant had sustained a recent stroke. The applicant also had issues with diabetes, hypertension, and reflux. The applicant had not gained a significant amount of weight. In a progress note dated November 12, 2014, the applicant reported persistent complaints of low back and leg pain with associated numbness, tingling, and paresthesias. The applicant was apparently employing Butrans, bethanechol, Zestril, metformin, Lopressor, Prilosec, Plavix, Zocor, and Vicodin, it was acknowledged. The applicant had a history of ureteral stones and also reported issues with sleep disturbances. The applicant also had issues with depression and adjustment disorder. The applicant was status post a microdiskectomy procedure. The applicant apparently reported difficulty performing activities of daily living as basic as sitting and standing. Butrans, Prilosec, and Vicodin were endorsed. The applicant already had permanent limitations in place, it was acknowledged. The applicant did not appear to be working with said limitations in place. No clear discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5-325mg TID #90 Certification for one refill to allow for weaning to discontinue: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; and Opioids, Criteria for Use Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Vicodin, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant is seemingly off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant continues to report difficulty performing activities of daily living as basic as sitting, standing, and walking. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Vicodin usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.