MAXIMUS Federal Services

Case Number:	CM14-0213429		
Date Assigned:	12/30/2014	Date of Injury:	09/01/1989
Decision Date:	02/25/2015	UR Denial Date:	11/21/2014
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: 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 female with the injury date of 09/01/89. One report provided by the treater contain little information regarding the patient's pain, treatment history, medications, etc. Per 10/01/14 progress report, the patient has pain in her back, wrists and hands. MRI of the lumbar shows spinal stenosis. MRI of the neck shows facet changes at C2-T2. EMG from 2012 shows L5 radiculopathy. NCV shows carpal tunnel syndrome bilaterally. The patient had surgical release in 1991 and 1992 for both of her wrists and hands. MRI of the shoulder shows complete tear of right rotator cuff and partial tear of left rotator cuff. Straight leg raising is positive. The patient can't use her shulder. She can't reach at above shoulder level. She can't do pushing, pulling or lifting.The patient is not doing any chores around the house due to increased pain. The lists of diagnoses are: 1) Discogenic lumbar condition with radicular component down the lower extremities. 2) Carpal tunnel syndrome bilaterally s/p surgery. 3) Chronic pain syndrome. The patient will get prescription for Vicodin, Lyrica, Lidoderm patches, Trazodone, Naproxen and Prilosec. The utilization review determination being challenged is dated on 11/21/14. One treatment report was provided on 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and lower extremity. The request is for Vicodin 7.5mg #60. The one physician's report does not discuss medications, except the patient will get the prescription for Vicodin, Lyrica, Lidoderm patches, Trazodone, Naproxen and Prilosec. The utilization review letter on 11/21/14 indicates that the patient has utilized opioids in the past and no urine drug screening was performed. Regarding chronic opiate use, MTUS guidelines page and 89 states, "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 4A's (analgesia, 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. The review of the reports does not show any discussion specific to this medication other than the treater's request for Vicodin. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.