

Case Number:	CM14-0215551		
Date Assigned:	01/05/2015	Date of Injury:	04/04/1991
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

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 55 year old male with an injury date on 4/4/91. The patient complains of unchanged chronic back pain per 12/1/14 report. The patient's back symptoms are stable and persistent per 9/16/14 report. The patient states that Vicodin at 300mg is not helping, but the prior Vicodin 500mg was helping more per 6/17/14 report. Based on the 12/1/14 progress report provided by the treating physician, the diagnoses are: 1. s/p right L5-S1 discectomy for large disc herniation. 2. chronic lower back pain. A physical exam on 12/1/14 showed L-spine range of motion is reduced. Negative straight leg raise." The patient's treatment history includes medications, home exercise program. The treating physician is requesting 2 prescriptions of Vicodin 7.5/300mg #60 (with second prescription not to be filled before 1/1/15 - modified to 1 prescription of Vicodin 7.5/300mg #36). The utilization review determination being challenged is dated 12/8/14 . The requesting physician provided treatment reports from 6/16/14 to 12/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Prescription of Vicodin 7.5/300mg #60 (with second prescription not to be filled before 01/01/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

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

Decision rationale: This patient presents with lower back pain. The treater has asked for 2 Prescriptions Of Vicodin 7.5/300mg #60 (With Second Prescription Not To Be Filled Before 1/1/15 - Modified To 1 Prescription Of Vicodin 7.5/300mg #36) on 12/1/14. Patient has been taking Vicodin since 6/16/14 report. The patient is only using Vicodin on an "as needed" basis per 9/16/14 report. For chronic opioids use, MTUS Guidelines pages 88 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 4As (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. In this case, the treater does not indicate a decrease in pain with current medications. 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 has been asked for but 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, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.