

Case Number:	CM14-0218841		
Date Assigned:	01/08/2015	Date of Injury:	05/15/2006
Decision Date:	03/04/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 57 year old with a date of injury as 5/15/2006. The cause of the injury was related to a slip and fall on wet floor resulting in a low back strain. The current diagnoses include lumbar sprain/strain with chronic pain. Additional diagnoses listed included chronic pain and status post right hip surgery completed 10/12/2010. Previous treatments include home exercise and oral medications. Primary treating physician's reports from multiple dates of service were included in the documentation submitted for review. Report dated 10/21/2014 and 12/2/2014 noted that the injured worker's symptoms were stable and they were continuing home exercises and stretching. Physical examination documented tenderness in lumbar paraspinal muscle, no guarding, no spasms, and negative findings. Flexion 80, extension 10, right and left bending 10 and bilateral lower extremity strength was good. Prior strength documented 5/5 bilaterally in lower extremities. The injured worker's work status was not available. The utilization review performed on 12/10/2014 non-certified a prescription for Vicodin ES 7.5/300 mg, QTY #30 based on insufficient documentation. The reviewer referenced the California MTUS Guidelines pertaining to hip/pelvis and chronic pain in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Vicodin 7.5/500mg. Per California MTUS Guidelines, short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the continued use of short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.