

Case Number:	CM14-0058654		
Date Assigned:	07/09/2014	Date of Injury:	08/03/2004
Decision Date:	06/15/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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: Family Practice

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 62-year-old male, who sustained an industrial injury on 8/03/2004. He reported a fall backwards, with loss of consciousness for 20-30 minutes, and initially was diagnosed with cerebral concussion and right shoulder pain (status post surgery). The injured worker was diagnosed as having history of motor vehicle accident, basilar skull fracture, occipital neuritis, headaches, and cervical facet joint pain. Treatment to date has included diagnostics, chiropractic, occipital nerve injections, mental health treatment, and medications. An agreed medical evaluator's report dated April 20, 2012 noted concern that ongoing narcotic usage may be contributing to the chronic headaches. On 4/09/2014, the injured worker complained of chronic and constant neck pain and headaches, rated 3-5/10. Current medication use allowed him to have a reasonable quality of life and perform activities of daily living. He denied side effects from medications and urine toxicology was documented with satisfactory results. Occipital nerve blocks were noted one month prior, which continued to help him. He reduced the use of Vicodin and relied on Lidoderm patches and Aleve. Current medications included Vicodin, alternating with Tylenol #3, Skelaxin, Prevacid, and Lidoderm. The use of Vicodin was noted since at least 2008 and Tylenol with codeine was noted since at least 2011. Pain levels were variable throughout the years. He was currently not working. The treatment plan included medication refills. The injured worker has submitted a note requesting that his medications be authorized. He notes that the medications help him and he is unable to function without his medications. He notes that he takes no more than he should or deal in any illegal activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The MTUS guidelines do not support the long term use of opioids due to the development of dependence and tolerance. In this case, the injured worker has been prescribed opioids for an extended period of time, and a review of the medical records does not establish attempts at non-opioid analgesic adjuvants to address the injured worker's ongoing complaints. Additionally, there is concern that the chronic usage of opioids may be contributing to the chronic headaches. Prior peer reviews have recommended weaning of Vicodin and modification has been rendered for tapering. The request for Vicodin 5/300mg #60 is therefore not medically necessary and appropriate.

Tylenol with codeine #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The MTUS guidelines do not support the long term use of opioids due to the development of dependence and tolerance. In this case, the injured worker has been prescribed opioids for an extended period of time, and a review of the medical records does not establish attempts at non-opioid analgesic adjuvants to address the injured worker's ongoing complaints. Additionally, there is concern that the chronic usage of opioids may be contributing to the chronic headaches. Prior peer reviews have recommended weaning of Tylenol with codeine and modification has been rendered for tapering. The request for Tylenol with codeine #60 is therefore not medically necessary and appropriate.