

Case Number:	CM15-0010188		
Date Assigned:	01/28/2015	Date of Injury:	07/25/2013
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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, 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 a work related injury July 25, 2013. He tripped and fell out of a truck bed onto towing truck bars and then falling about 4 feet to the ground landing on his back. He was able to get up on his own power and continued to work. Past history includes hypertension and high cholesterol. According to a primary treating physician's report dated December 10, 2014, the injured worker presented for follow-up and ongoing care. He complains of cervical pain 7/10, and described as aching burning, dull, tight, and hurts when turning his head side to side. Back pain is present 6-7/10, aggravated by bending and lifting and described as aching, burning, throbbing, and pinching. Impression is documented as likely pain generators of cervical disk, facet, and cervicogenic headaches with lumbar disk, facet and potentially SI joint injury; bilateral upper and lower extremity neuropathic dysesthesias; hearing loss, ringing in ears post traumatic; and sleep and mood disturbances. Treatment plan included appointment for a sleep study and prescriptions for Butrans, Fetzima and Vicodin. Patient has received 6 PT visits for this injury. The medication list include Tylenol, Fetzima and Butran patch. He has had a urine drug toxicology report on 9/10/14 that was negative for opioids. He was requested authorization for medication Vicodin on 10/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids, On going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s).

Decision rationale: Request: Vicodin 5/325mg #120. Vicodin 5/325mg #120 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. He has had a urine drug toxicology report on 9/10/14 that was negative for opioid. The reason for a negative urine drug screen in a patient who is being prescribed opioids on a long term basis, is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Vicodin 5/325mg #120 is not established for this patient.