

Case Number:	CM15-0015767		
Date Assigned:	02/03/2015	Date of Injury:	05/10/1996
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 58 year old male sustained a work related injury on 05/10/1996. According to the documentation submitted for review, the injured worker had been utilizing Vicodin since May 2014. At that time the injured worker complained of lower back pain, right knee and right foot pain. He could walk about 4-5 blocks then the pain was increased and he had to sit down. According to a progress report dated 11/24/2014, the injured worker complained of pain in his right knee and right foot. Diagnoses included diabetes mellitus type II, chronic lumbar back pain with L5-S1 disc herniation, chronic right lower extremity radicular symptoms with neuropathic pain in the right foot, chronic right foot pain status post-surgery x 3 with a history of multiple fractures and chronic neuropathic pain, chronic right knee pain status post-surgery x 2, patellar tendinitis, right trochanteric bursitis not active today, history of kidney infections in the past and onychomycosis of the feet. Plan of care included Vicodin, Voltaren Gel, and Lidoderm patches. According to the provider, there was no aberrant drug taking behaviors and the injured worker had a signed pain management agreement on file. The provider noted that the injured worker had an increased physical and psychosocial functioning as a result of taking opiate medication. There was no urine toxicology screenings submitted for review. On 01/06/2015, Utilization Review non-certified Vicodin 5.0/325 mg tab #180. According to the Utilization Review physician, there was no documentation that routine urine toxicology studies were performed or were consistent with the medication provided. There was no indication of failure of first line medications for a possible degenerative condition or neuropathy. The injured worker had not

returned to work activities. Evidence based guidelines referenced included EBM reference. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5.0/3.25MG TAB #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): page(s) 74-95, page 124.

Decision rationale: Vicodin (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the right foot and knee and lower back pain. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion describing how long the benefit from this specific medication lasted, how often it was needed and used, how it was determined the lowest dose was prescribed, or the amount of time it took to achieve pain relief. In the absence of such evidence, the current request for 180 tablets of Vicodin (hydrocodone with acetaminophen) 5/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.