

Case Number:	CM15-0016913		
Date Assigned:	02/04/2015	Date of Injury:	08/24/2009
Decision Date:	03/30/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/28/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old male who reported an injury on 08/24/2009. The mechanism of injury involved a fall. The current diagnoses include chronic intractable low back pain, status post lumbar disc replacement surgery at L4-5 on 08/30/2011, chronic right lower extremity radicular symptoms, chronic right foot pain, status post right foot surgery on 06/09/2013, and depression with anxiety. The injured worker presented on 12/11/2014 with ongoing lower back pain as well as right leg and foot pain. The injured worker also reported symptoms of depression secondary to an inability to find a job. Upon examination, there was tenderness over the dorsum of the right foot, 25 degrees anteflexion of the trunk of the pelvis, 5 degrees extension, 10 degrees rotation, 10 degrees lateral flexion, paralumbar tenderness at L5-S1, and spasm. Recommendations included continuation of Vicodin 5 mg every 6 hours. A Request for Authorization form was then submitted on 01/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There was no documentation of objective functional improvement. There was no documentation of a failure of nonopioid analgesics. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.