

Case Number:	CM15-0111681		
Date Assigned:	06/18/2015	Date of Injury:	04/09/2012
Decision Date:	07/20/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/09/2015

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

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 56-year-old female who reported an industrial injury on 4/9/2012. Her diagnoses, and/or impressions, are noted to include Cervico-brachial syndrome; dizziness and giddiness. Electromyogram with nerve conduction velocity studies, on 10/7/2014, showed no impingement or radiculopathy; and magnetic imaging studies of the cervical spine, on 2/13/2014, noted cervical spondylosis with multiple spinal stenosis. Her treatments have included diagnostic studies; medication management; and modified work duties. The history notes the accepted body parts to include the neck, bilateral shoulders and upper back; and non-industrial lumbar degenerative disc disease. The progress notes of 5/21/2015 noted a follow-up visit with no noted complaints. Objective findings were noted to include mild pain with fatigue; muscle pain; numbness/tingling; anxiety/depression/sleep disturbance; loss of cervical lordosis with restricted/painful range-of-motion, hyper-tonicity, spasm and tenderness to the cervical para-vertebral muscles, and positive Spurling's maneuver; decreased sensation over the left middle finger; and decreased reflexes on the bilateral upper and lower extremities. The physician's requests for treatments were noted to include the continuation of Vicodin, very sparingly, for severe pain and increased function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Vicodin (hydorocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Vicodin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, a progress note on 5/21/2015 indicates that the patient has had both improvement in pain and function with the use of Vicodin. The patient denied any new side effects, and she has a signed pain contract on file. As such, the currently requested Vicodin (hydorocodone/acetaminophen) is medically necessary.