

Case Number:	CM15-0118493		
Date Assigned:	06/26/2015	Date of Injury:	11/30/2006
Decision Date:	08/26/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 54 year old male, who sustained an industrial injury on November 30, 2006. The injured worker was diagnosed as having thoracic/lumbosacral neuritis or radiculitis unspecified, lumbago, lumbar sprain/strain, intervertebral disc disorder without myelopathy, neck sprain/strain, and pain in thoracic spine. Treatment to date has included CT scan of the abdomen, right partial amputation of the forefoot, hernia repairs, wound VAC, physical therapy, and medication. Currently, the injured worker complains of daily low back pain that moves down his legs and into his feet. The Treating Physician's report dated May 18, 2015, noted the injured worker reported his pain as high as 7-8/10 and as low as 5/10, with the pain decreasing only after taking a Vicodin, and it only lasted a few hours. Physical examination was noted to show a positive right straight leg raise with pain radiating down the leg. The treatment plan was noted to include continuation of the current medications, including Vicodin and Gabapentin.

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 Page(s): 74-82.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. The documentation provided noted the injured worker had been using Vicodin on and off since March 2013. The current physician report noted the injured worker reporting his pain rating from 7-8/10 to 5/10, with the Gabapentin helping to decrease the radiating pain to some degree, and the pain decreasing only after taking a Vicodin, with pain relief lasting only a few hours. The documentation did not document objective, measurable improvement in the injured worker's pain, function, or quality of life with the injured worker's use of the Vicodin. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Vicodin 5/300mg #60.