

Case Number:	CM15-0173807		
Date Assigned:	09/15/2015	Date of Injury:	04/24/2007
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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: Preventive Medicine, Occupational 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 61 year old male sustained an industrial injury on 4-24-07. Documentation indicated that the injured worker was receiving treatment for discogenic cervical condition, right rotator cuff tear, right cubital tunnel syndrome, right knee internal derangement, lumbar discogenic condition and chronic pain syndrome. Magnetic resonance imaging cervical spine (October 2014) showed disc protrusions with foraminal narrowing at C3-4 and disc bulge at C5-6 and C6-7. Magnetic resonance imaging lumbar spine showed disc protrusion at L2-3 with facet hypertrophy from L3- S1. Previous treatment included physical therapy, bracing, hot and cold wrap, neck pillow, neck traction with air bladder, elbow pad and medications. In a PR-2 dated 3-5-15, the injured worker complained of neck pain with radiation down the shoulder blades and back pain with radiation to the lower extremity associated with numbness. The injured worker was minimizing chores around the house and was limited to walking two blocks. The treatment plan included requesting authorization for Vicodin, Trazadone, Tramadol ER, Nalfon, Flexeril, Protonix and Neurontin. In a PR-2 dated 7-27-15, the injured worker complained of persistent pain to the neck, right shoulder, low back and right knee associated with right knee buckling, popping, clicking and giving way. The injured worker had an unloading brace but stated that it was too bulky or heavy at times. The injured worker was requesting a hinged pull-on brace, replacement of his back brace, physical therapy and medications refills. The injured worker stated that he took medications to be functional. The injured worker was avoiding injections due to his history of diabetes mellitus. The injured worker was awaiting approval for right knee surgery. Physical exam was remarkable for tenderness to palpation along the cervical spine

paraspinal musculature, pain along the facets and pain with facet loading as well as pain along the right knee along the medial and lateral joint lines. The treatment plan included requesting authorization for a back brace, knee brace, twelve sessions of physical therapy and medications (Vicodin, Flexeril, Naproxen Sodium, Protonix, Tramadol ER and Neurontin). On 8-6-15, us noncertified a request for Vicodin ES 7.5-300mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, pain treatment agreement.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Despite previous use of Vicodin, there is no evidence of functional improvement or pain relief. Additionally, there is no pain contract on file. The request for Vicodin ES 7.5/300mg #120 is determined to not be medically necessary.