

Case Number:	CM15-0174507		
Date Assigned:	09/16/2015	Date of Injury:	01/21/2000
Decision Date:	10/21/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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

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 73-year-old male who sustained industrial injuries on January 21, 2000. Diagnoses have included lumbar and cervical degenerative disc disease, spinal stenosis, chronic lumbar sprain or strain, spinal cord compression at C3-4 consistent with gliosis or encephalomalacia, advanced lumbar spondylosis with periarticular marginal spurring at all levels, and chronic right shoulder strain or sprain. Documented treatment includes "several months of physical therapy," six chiropractic treatments without "significant improvements," home exercise, and pain medication which has been Vicodin, lowering his pain rating from 7 to 5 out of 10 and stated to enable him to perform activities of daily living, work with restrictions, and be able to sleep for several hours. The injured worker continues to report pain in his mid to low back. The July 21, 2015 evaluation revealed lumbar range of motion with active forward flexion of 45- 60 degrees; extension to 20-25 degrees; right lateral flexion 15-25 degrees; and, left lateral flexion 15-25 degrees. He was "mildly" tender to palpation over spinous processes of L4-5 and bilateral sacroiliac joint spaces. The treating physician's plan of care includes a pain management consultation, and a request was submitted for Vicodin 5-235 mg, 108 counts, which was modified to 80 count on August 5, 2015. He has a signed opioid contract dated May 26, 2015. The physician to be "positive" stated urine Toxicology of July 7, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5.325mg #108: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with pain in the cervical spine radiating to the bilateral upper extremities, mid-back pain, and low back pain radiating to the bilateral lower extremities. The request is for Vicodin 5.325MG #108. Examination to the lumbar spine on 08/18/15 revealed decreased range of motion in all planes. Per 06/26/15 progress report, patient's diagnosis include shoulder pain, degenerative disc disease lumbar spine, degenerative disc disease cervical spine, cervical radiculopathy, back pain, lumbar, with radiculopathy. Patient's medications, per 02/26/15 progress report include Norco and Gabapentin. Patient's work status was not specified. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, Medications for Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." The treater has not specifically discussed this request; no RFA was provided either. The utilization review letter dated 08/05/15 has modified the request from #108 to #80, recommending tapering. Review of the medical records provided indicates that the patient has been utilizing Vicodin (Hydrocodone/Acetaminophen) since at least 02/05/15. However, there are no discussions in regards to Vicodin's impact on the patient's pain and function. No ADL's are discussed showing specific functional improvement. While UDS test results and CURES are current and consistent with patient's medications, there are no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.

