

Case Number:	CM15-0064291		
Date Assigned:	04/10/2015	Date of Injury:	08/16/1999
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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:

The injured worker is a 67-year-old male, who sustained an industrial injury on 8/16/1999. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having lumbago, and lumbar/lumbosacral disc degeneration. Treatment to date has included medications, urine drug screening, and lumbar epidural steroid injection. The request is for Vicodin 5/300. On 1/20/2015, he is seen for continued low back pain. He reports an 80% decrease in pain following a lumbar epidural steroid injection. The records indicate he had recently started taking Vicodin again, after a brief time of not taking any at all. He currently takes 2-4 Vicodin daily. The records indicate he had been utilizing Vicodin prior 9/2014. A urine drug screening dated 1/20/2015 is positive for Vicodin. The treatment plan included toxicology screening, refill Vicodin, and repeat epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 MG Take 1 By Mouth BID for Pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The patient's recent improvement in his pain level was due to an epidural steroid injection. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief from the narcotic. Vicodin 5/300 MG Take 1 By Mouth BID for Pain is not medically necessary.