

Case Number:	CM15-0068560		
Date Assigned:	04/16/2015	Date of Injury:	10/24/1996
Decision Date:	05/15/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 (IW) is a 58-year-old female who sustained an industrial injury on 10/24/1996 while transferring a resident from a bed to a chair. Diagnoses include lumbar post laminectomy syndrome, lumbago and lumbar radiculitis. Treatment to date has included medications, TENS unit, spinal cord stimulator (SCS) implant, which has been removed, lumbar epidural steroid injections (LESI) and home exercise program (HEP). Diagnostics included MRIs. According to the PR2 dated 2/26/15, the IW reported aching low back pain rated on average of 8/10; she reported pain is 10/10 without medications and 2-3/10 with medications. She had good results from her last LESI. A request was made for Vicodin HP (brand name only) 10/300mg, #60, to be used with TENS, HEP and LESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin HP (brand name only) 10/300mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-Term use has not been supported by any trials. In this case, the claimant had been on controlled substances likely opioids for over a year (as indicated by a 2013 pain contract). In addition, there is no evidence that one opioid is superior to another or that brand name opioids will provided better pain relief. In this case, there is no mention of failure of Tylenol use. There is mention of reduced dose and 60 tablets needed. A weaning protocol is not noted. The request for Vicodin brand name only is not medically necessary.