

Case Number:	CM15-0069499		
Date Assigned:	04/17/2015	Date of Injury:	03/08/2000
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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: Internal Medicine, Pulmonary Disease

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 58 year old male, who sustained an industrial injury on 3/08/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar disc displacement, insomnia, low back pain, and lumbar radiculopathy. Treatment to date has included diagnostics, physical therapy, lumbar transforaminal epidural steroid injections and medications. Magnetic resonance imaging of the lumbar spine, dated 7/06/2007, was submitted. Currently (3/03/2015), the injured worker complains of worsening low back pain, with radiation down the right leg, rated 8/10 while taking multiple medications. His medications included Vicodin 7.5mg, Zantac, Valium, Ambien, and Baclofen. The previous PR2 report, dated 2/03/2015, noted pain rating at 8-9/10, while taking no medication for greater than three weeks, due to homeopathic purposes. Urine drug screening was not noted. The use of Vicodin was noted for greater than one year and work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300 MG #90 Take 1 Tab Every 8 Hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 58 year old male with an injury on 03/08/2000. He has low back pain and lumbar radiculopathy. He has been using Vicodin for over a year without documentation of his work status. MTUS, Chronic Pain guidelines for on-going treatment with opiates require objective documentation of improved function with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore the request is not medically necessary.