

Case Number:	CM15-0090562		
Date Assigned:	05/14/2015	Date of Injury:	01/20/2015
Decision Date:	06/17/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, New York, 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 applicant is a represented 53-year-old who has filed a claim for back, leg, and arm pain reportedly associated with an industrial injury of January 20, 2015. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for Vicodin. Valium, however, was apparently approved on the same date. The claims administrator referenced an RFA form dated April 28, 2015 and a progress note of March 31, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 12, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal pain complaints, including complaints of low back and knee pain. The note was very difficult to follow, not altogether legible. Percocet, yoga, and MRI imaging of the left hip were endorsed while the applicant was placed off of work. MRI imaging of the hip and pelvis dated March 13, 2015 was notable for a possible impaction fracture about the left femoral head, tear of the left hip labrum, moderate left hip osteoarthritis, and a complex tear of the contralateral labrum with mild SI joint arthritis. On March 31, 2015, the applicant was, once again, placed off of work, on total temporary disability. The note was very difficult to follow. The attending provider seemingly introduced OxyContin on the grounds that Percocet was not adequately controlling the applicant's pain complaints. The applicant was asked to consult an orthopedist to address the labral tear. There was no mention that the applicant was using Vicodin on this date. In RFA and prescription forms dated April 28, 2015, prescriptions for Valium and Vicodin were endorsed. On this date, the applicant again reported issues with an antalgic gait secondary to hip pain with derivative complaints of insomnia. The orthopedic consultation had apparently not

been procured as of this date. Valium and Vicodin were apparently prescribed while OxyContin was discontinued. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Vicodin 5/300mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin; Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Margesic- H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) Page(s): 91.

Decision rationale: The request for Vicodin, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. The attending provider's handwritten documentation of progress note seemingly suggested that the request for Vicodin did in fact represent a first-time request for the same, initiated on April 28, 2015. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Vicodin is indicated in the treatment of moderate to moderately severe pain as was present here on or around the date in question. The applicant did have pain complaints in the moderate-to-severe range on or around the date in question, seemingly attributed to a hip labral tear, hip arthritis, and/or a hip impaction fracture. The applicant did report that previously provided analgesics, including OxyContin and Percocet, were ineffective, leading to the attending provider's introducing Vicodin on or around April 28, 2015. Introduction of Vicodin was indicated, given the moderate-to-severe pain complaints present on that date. Therefore, the request was medically necessary.