

Case Number:	CM15-0099784		
Date Assigned:	06/02/2015	Date of Injury:	11/27/2006
Decision Date:	06/30/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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: Pennsylvania

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 is a 44 year old male, who sustained an industrial injury on 11/27/06. The injured worker was diagnosed as having mechanical low back pain, discogenic low back pain and degenerative joint disease of lumbosacral spine. Treatment to date has included oral medications including opioids, transdermal Butrans and activity restrictions. Currently, the injured worker complains of continued pain in mid back with radiation across his low back described as sharp and dull with radiation down legs on posterior aspect on right to calf and left to knee, he rates the pain 7-8/10 without medication and 3-4/10 with medication. He notes Tramadol didn't control his pain, Norco and Soma caused too many side effects and he would like to try gabapentin in place of Gralise. He is currently not working. Physical exam noted stiffness and guarding with transfers, antalgic gait with ambulation, decreased sensation in right anterior thigh and lateral calf and decreased reflexes at knees and absent reflexes at ankles. The treatment plan for the date of service 2/26/15 included continuation of Butrans patch, Zanaflex, initiation of Gabapentin and referral for psychological care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Opioids for chronic back pain, according to the MTUS "appear to be efficacious but are limited for short-term pain relief and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. It is not clear in this case why Vicodin is being requested. He was unable to tolerate a similar medication, Norco, due to too many side effects. He is taking Butrans patch, Zanaflex and gabapentin. Reduction of his pain and improved function has been reported with these medications. The information in the medical record does not provide an adequate rationale for the prescription of Vicodin. The request is not medically necessary.