

Case Number:	CM14-0082663		
Date Assigned:	07/21/2014	Date of Injury:	08/23/2002
Decision Date:	08/25/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/04/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This worker was injured on August 23, 2002 while moving rolls of material inside a truck. He developed severe low back pain. He subsequently had an MRI which showed a bulging disc. He received physical therapy, aquatic therapy, chiropractic, acupuncture, epidural steroid injections and medications. At an orthopedic visit on April 25, 2014 he complained of constant pain in the lower back. He also had numbness and tingling of both lower extremities and radiating pain to both lower extremities. Examination showed minimal flexion and extension. There was tenderness palpable over the paravertebral musculature with spasm present. There was normal lower extremity strength and reflexes. There was decreased sensation in the right thigh. Straight leg raise test produced pain in both thighs. It was stated that he had been taking medications including Zanaflex, Vicodin and Nexium. It was stated that he had been obtaining relief of the symptoms of chronic pain with use of the Zanaflex and Vicodin. The treatment plan included continuation of Vicodin. He was to continue his independent exercise program and continue TENS unit. Weight loss was recommended. Drug testing was planned for 60-90 days. His work status was stated to be permanent and stationary and unable to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES (dose and quantity unspecified): Upheld

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

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

Decision rationale: 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. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker has not returned to work and there was no documentation of any improvement in function. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Vicodin. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no documentation of any improvement in function. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Vicodin.