

<b>Case Number:</b>	CM13-0015116		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

The injured worker is a 47-year-old male who reported an injury on 11/29/2012. The injured worker complained of low back pain. Pain rated at 10 on the VAS. The physical examination dated 01/23/2014 noted there was 3+ tenderness with hypertonicity over the paralumbar musculature. Medication was noted as Naprosyn, Flexeril, and Toradol. The range of motion with flexion was at 30 degrees. Diagnoses were sprain lumbar region, spasms of the muscle, and degenerative joint disease. Treatment and diagnostics included a functional restoration program and physical therapy. The treatment plan was for Vicodin 5/500 mg 20 tablets. The Request for Authorization form was not submitted within the documentation for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500 mg 20 tablets:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines states that on-going management actions should include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions

from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled. In this case, the injured worker complained of low back pain at 10/10. There was no documentation of a complete pain assessment along with pain relief score or how long the pain relief lasted with the medication. Furthermore, there was no mention of frequency on the proposed request. The request for Vicodin 5/500 mg 20 tablets is not medically necessary and appropriate.