

<b>Case Number:</b>	CM13-0016402		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	11/22/1996
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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 patient is a 69-year-old male who reported an injury on 11/22/1996 due to a motor vehicle accident. The patient was treated conservatively with physical therapy. The patient developed chronic pain of the cervical spine, lumbar spine, and right shoulder. The patient's chronic pain was managed with medications, injections, physical therapy, and psychiatric support. The patient's most recent physical exam findings included restricted range of motion of the lumbar and thoracic spine, a negative straight leg raising test and tenderness to palpation along the thoracic, lumbar, and cervical paraspinal musculature. The patient's diagnoses included lumbar spine pain disc protrusion of the L2-3, L3-4, L4-5, and L5-S1, cervical disc herniations, cervical radiculopathy, depression, lumbar radiculopathy, and right shoulder tendonitis. The patient's treatment plan included physical therapy and continuation of medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500mg, #60 with 2 refills:** 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 recommend the ongoing use of opioids in the management of chronic pain be supported by objective pain relief, managed side effects, documented functional benefit, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The clinical documentation submitted for review does not provide any evidence of monitoring for aberrant behavior, functional benefit, or pain relief as a result of the medication. As such, the prospective request for 1 prescription of Vicodin 5/550 mg #60 with 2 refills between 08/02/2013 and 11/06/2013 is not medically necessary or appropriate.