

<b>Case Number:</b>	CM13-0027474		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/06/2007
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois and 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 36 year old male who reported an injury on 02/06/2007. The mechanism of injury was the patient fell off scaffolding. The patient was diagnosed with chronic lumbar pain with degenerative changes at the L3-L4 and L5-S1 confirmed by Magnetic resonance imaging (MRI) dated 05/25/2012 and evidence of an annular tear at L5-S1 on the Magnetic resonance imaging (MRI) dated 08/02/2013, chronic thoracic myofascial pain, chronic cervical myofascial pain, chronic right shoulder sprain, rule out intrinsic right shoulder injury, chronic depression secondary to his industrial injury in the low back, evidence of right S1 radiculopathy on electrodiagnostic studies from 07/21/2008, decreased Wartenberg pinwheel sensation in an L5 distribution on the right, insomnia secondary to pain, acid peptic disease with history of gastritis and probable gastroesophageal reflux, and complaints of bilateral knee pain and right elbow pain of unknown etiology. The progress report dated 10/24/2013 complained of low back pain which flares up with cold weather. The patient also complained of neck pain, right shoulder pain, and radiating pain down his right leg. The physical examination for the right shoulder revealed decreased range of motion, decreased range of motion with the low back and paralumbar tenderness from L1 to L5. There right sacroiliac tenderness and right introchanteric tenderness without such tenderness on the left. There was also some upper quadrant tenderness. The patient was taking Norco for pain and requested a refill. 

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5mg (dispensed generic unless DAW),rpt 8/1/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The clinical documentation submitted for review does not meet the guideline recommendations. California Medical Treatment Utilization Schedule (MTUS) states that 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 drug taking 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 drugs. However, no clinical documentation was submitted to show improvement in the patient's pain or functional capacity as recommended by the guidelines. Also, the patient has had some complaints of gastric side effects. Given the lack of documentation submitted to support the guideline criteria, the request is non-certified.