

<b>Case Number:</b>	CM13-0027609		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	09/13/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, 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:

This is a 49 year old female patient s/p an injury 1/26/12. She has been treated for chronic pain affecting the lower extremities. An 8/28/13 progress note indicated that the patient was making progress but continued to have lower extremity symptoms of pain and burning and numbness. Medications noted in this progress note were Norco as needed, Naprosyn, and Cyclobenzaprine. The note indicates that Vicodin was refilled. Conservative care has included activity modification, medication, and some physical therapy. The note does not identify benefits derived from the use of the medications. A 7/25/13 progress note states that she is having pain in the low back with right lower extremity pain and numbness with tingling. Medications include Norco as needed and Naprosyn. Comments indicate that she is making progress. There is no description of response to medications. A 6/23/13 progress note does not contain a discussion of response to medications. There is documentation of an adverse determination for a refill of Vicodin 9/13/13. This review identified that the patient was improving with the use of Norco, Naprosyn, and Cyclobenzaprine on an as needed basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 REFILL OF VICODIN 5/325MG #40: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On review, the medical records provided for review do not contain adequate information regarding objective measures of improvement with the use of Vicodin including pain relief and functional benefit. There is no discussion of how often Vicodin was used or any attempts at weaning or discontinuation. The patient is also on Norco. There is no discussion of a need for two similarly acting opioid medications. There is no evidence of monitoring for adherence or a pain contract. The request is therefore not medically necessary and appropriate.