

<b>Case Number:</b>	CM13-0034873		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/25/2008
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease 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.

### 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 46-year-old male who reported a work-related injury on 09/25/2008; specific mechanism of injury was not stated. Subsequently, the patient presents for treatment of the following diagnoses: status post lumbar fusion, status post lumbar laminectomy, chronic pain status post thoracic spine T11-12 decompression. The clinical note dated 09/18/2013 reports the patient was seen for followup under the care of [REDACTED]. The provider documents the patient presents with complaints of low back pain that radiates to the bilateral lower extremities and cervical spine pain that radiates to the right upper extremity. The patient reports pain level of 7/10 with medications. Upon physical exam of the patient, range of motion of the lumbar spine revealed moderate reduction secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at L4-S1. Lumbar myofascial tenderness was noted upon palpation. Sensory and motor exam revealed no changes. The provider documented the patient was to continue with the following medications: hydrocodone/APAP 5/500 mg 1 tablet by mouth every 6 hours, trazodone, Biofreeze, and Vicodin 5/300 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #120:** 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 Opioids  
Page(s): 78.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidences the patient has been recommended to decrease utilization of opioids as the patient utilizes 2 short-acting narcotics, hydrocodone/APAP 5/500 mg and Vicodin 5/300 mg. The clinical notes failed to evidence rationale for the patient utilizing 2 short-acting narcotics. In addition, the clinical notes failed to document the patient specific reports of efficacy with his current medication regimen as noted by decrease in rate of pain on a VAS and increase in objective functionality. California MTUS indicates that 4 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 non-adherent) 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. Given all of the above, the request for Vicodin 5-300mg #120 is not medically necessary or appropriate.