

<b>Case Number:</b>	CM13-0034889		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/26/2013
<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 is licensed to practice in Washington DC. 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 was a 64 year old female injured on 8/12/2011. The mechanism of injury was tripping on carpet and injuring her neck, knee and low back. She complained of joint pain and back pain, numbness, sleep disturbances and mood disorder. She had a past medical history of arthritis, diabetes mellitus, hypertension and hyperlipidemia. She had history of lumbar laminectomy in 2008 and bilateral knee replacements. Medications included Metformin, Glimepiride, Bystolic, Crestor, Diazepam, Diovan, Flector, Janumet, Levothyroxine, Oxybutynin, Vicodin. During her visit with the treating provider on October 25th, 2013, she complained of low back pain with radiation down to left hip. It was 3/10 in intensity. She was working full time. She was noted to have constant pain with some relief with medications. She was taking Vicodin twice a week at bedtime, Flector patches and Valium as needed. The medications were noted to decrease her pain and allowing her to maintain her current level of function including her ability to work full time. Also Vicodin was noted to decrease her pain from 7/10 to 2/10. There were no side effects and no signs of dependence. On examination she was noted to have antalgic gait and a flat affect. Diagnoses included lumbar spinal stenosis, lumbar spondylosis, regional myofascial pain, bilateral knee replacement, post laminectomy syndrome status post lumbar laminectomy. Her treatment plan included Physical therapy and continuation of Vicodin. In addition the qualified medical legal report on May 20, 2013 also noted improvement in pain with pain medication. Her examination showed limited lumbar spine flexion and she was diagnosed with chronic lumbar sprain and strain with possible left L5, S1 disc injury. X-ray of the right knee showed status post right knee prosthesis. There was dystrophic calcification noted. X-ray of the left knee showed status post left knee prosthesis. There was dystrophic soft tissue calcification noted. X-ray of cervical spine

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500mg:** Overturned

**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, Criteria for Long-term Page(s): 88.

**Decision rationale:** MTUS recommends documenting pain and functional improvement and comparing to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The claimant had pain due to knee as well as low back pain. Her diagnoses were that of post laminectomy syndrome, myofascial pain and knee replacement. She had been recommended to have Physical therapy and had been on Vicodin which she was using sparingly twice a week or more. There is documentation in the follow-up note from 10/25/13 about level of pain before and after medications, functional improvement, her ability to work after taking the medications. There is also note about absence of side effects and aberrant behavior. According to MTUS guidelines, the medical necessity for ongoing treatment with opioids is met in this case.