

<b>Case Number:</b>	CM13-0034990		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/23/1997
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Louisiana. 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:

The patient is a 60 year old female who was injured on 05/23/1997. The mechanism of injury is unknown. Progress report dated 08/21/2013 states the patient was seen for complaints of low back pain and neck pain. On exam, the cervical spine revealed mild spasm and tenderness and flexion at 100% of normal; extension at 80% of normal; right lateral flexion at 70% normal and left lateral flexion at 70%. The lumbar spine revealed moderate muscle tightness and spasm. Lumbar spine range of motion revealed flexion at 80% of normal; extension at 60% of normal; right lateral flexion at 60% of normal; and left lateral flexion at 50% of normal. The patient is diagnosed with chronic low back pain and cervical strain with intermittent radicular symptoms to the left upper extremity. The patient was recommended to continue with Vicodin BID #60. Prior utilization review dated 09/12/2013 states the request for one Medication Review for Vicodin Bid #60 For Low Back Pain, As an Outpatient is not certified as there is a lack of documented evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MEDICATION REVIEW FOR VICODIN BID #60 FOR LOW BACK PAIN, AS AN OUTPATIENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Opioid is recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation to indicate the necessity of this medication and long term use of Vicodin is not recommended unless there is documented evidence of functional improvement therefore, it is not medically necessary.