

<b>Case Number:</b>	CM13-0039715		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/11/2003
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 and Rehabilitation, 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 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 62-year-old who was injured on 09/11/2003 when scaffolding six feet high collapsed beneath him. The patient landed on his lower back and also injured his wrist. Treatment history included aquatic exercise, exercises in gym, acupuncture and chiropractic treatment. The patient underwent total L4 and 5 Gill type, partial L3 and S1 laminectomy with bilateral L4-5 and L5-S1 total facetectomy and bilateral L3-4 medial facetectomy and bilateral L3 through S1 foraminotomy (for stenosis), Left L4-5 transforaminal lumbar interbody fusion, L4-5 to S1 posterior instrumented fusion with segmental pedicular fixation with partial spondylolisthesis deformity reductions at both L4-5 and L5-S1 posterolateral fusion L4-5 transverse process on 12/03/2013. Medications History includes as follows: -8/13/2012, Celebrex 200 mg capsule (Other MD) SIG: Take 1 daily, Soma 350 mg Tablet (Other MD) SIG: Take 1 daily -10/09/2012, Zanaflex 4 mg Tablet SIG: Take up to three daily prn, Celebrex 200 mg capsule (Other MD) SIG: Take 1 daily, Soma 350 mg Tablet (Other MD) SIG: Take 1 daily -11/05/2012, Zanaflex 4 mg Tablet SIG: Take up to three daily prn, Celebrex 200 mg capsule (Other MD) SIG: Take 1 daily, Soma 350 mg Tablet (Other MD) SIG: Take 1 daily, Lidocaine Patch 5% SIG: 1 every 12 hours -11/28/2012, Zanaflex 4 mg Tablet SIG: Take up to three daily prn, Celebrex 200 mg capsule (Other MD) SIG: Take 1 daily, Soma 350 mg Tablet (Other MD) SIG: Take 1 daily, Lidocaine Patch 5% SIG: 1 every 12 hours -01/25/2013, Zanaflex 4 mg Tablet SIG: Take up to three daily prn, Celebrex 200 mg capsule (Other MD) SIG: Take 1 daily, Soma 350 mg Tablet (Other MD) SIG: Take 1 daily, Lidocaine Patch 5% SIG: 1 every 12 hours -02/15/2013, Zanaflex 4 mg Tablet SIG: Take up to three daily prn, Celebrex 200 mg capsule (Other MD) SIG: Take 1 daily, Soma 350 mg Tablet (Other MD) SIG: Take 1 daily, Lidocaine Patch 5% SIG: 1 every 12 hours, Vicodin 5-500 mg Tablet SIG: Take 1 twice daily -03/18/2013, Zanaflex 4 mg Tablet SIG: Take up to three daily prn, Celebrex 200 mg capsule (Other MD)

SIG: Take 1 daily, Soma 350 mg Tablet (Other MD) SIG: Take 1 daily, Lidocaine Patch 5% SIG: 1 every 12 hours, Vicodin 5-500 mg Tablet SIG: Take 1 twice daily -04/18/2013, Zanaflex 4 mg Tablet SIG: Take up to three daily prn, Celebrex 200 mg capsule (Other MD) SIG: Take 1 daily, Soma 350 mg Tablet (Other MD) SIG: Take 1 daily, Lidocaine Patch 5% SIG: 1 every 12 hours, Vicodin 5-500 mg Tablet SIG: Take 1 twice daily -05/30/2013, Vicodin 5-500 mg Tablet SIG: Take 1 twice daily -06/27/2013, Vicodin 5-500 mg Tablet SIG: Take 1 twice daily -07/29/2013, Vicodin 5-500 mg Tablet SIG: Take 1 twice daily -08/29/2013, Vicodin 5-500 mg Tablet SIG: Take 1 twice daily -09/30/2013, Vicodin 5-500 mg Tablet SIG: Take 1 twice daily -11/11/2013, Vicodin 5-500 mg Tablet SIG: Take 1 twice daily EMG/NCS (electromyogram/nerve conduction velocity exam) dated 07/26/2013 showed chronic right L4 and L5 radiculopathy and S1 involvement; left L4, L5, and S1 radiculopathy; and no evidence of peripheral neuropathy. A clinic note dated 11/11/2013 documented the patient presented with complaints of back pain and he had referral pain to left leg. His leg pain is worse with any activity. Pain rated to 6/10 on VAS (Visual Analog Scale). He is taking his medications as prescribed. He states that medications are working well. No side effects reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Vicodin 5/500 mg, 60 count with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-82.

**Decision rationale:** Vicodin is used for moderate to moderately severe pain. According to the Chronic Pain Medical Treatment Guidelines, "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." The provider's note dated 11/11/2013 indicates he has chronic pain in his lumbar spine with radiating pain to left leg. The patient reported medications are working well and no side effects reported. This patient was taking Vicodin since February 2013; however, there is lack of documentation of any objective functional improvement and prior urine drug screening to monitor compliance with this medication. The Chronic Pain Medical Treatment Guidelines also recommends a consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Furthermore, continued opioids use is recommended if patient has returned to work and has improved functioning and pain. The request for Vicodin 5/500 mg, 60 count with two refills, is not medically necessary or appropriate.