

<b>Case Number:</b>	CM13-0045123		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/05/2001
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Occupational Medicine 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:

The claimant is a Injured worker with date of injury 4/5/2001. Per the primary treating physician's progress report, the injured worker complains of right leg pain status post deep vein thrombosis. Gabapentin helps some and would like to continue. He feels better with Gabapentin and Vicodin. He complains of decreased ability to perform yard with and complains of burning leg pain and feels electrical shocks in his right leg. On exam there is right lower extremity pain. Diagnoses include 1) status post right leg deep vein thrombosis 2) leg pain. Treatment plan includes Vicodin and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500MG #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-89.

**Decision rationale:** Based on the Chornic Pain Medical Treatment Guidelines, the use of opioid pain medications for the treatment of chronic pain is not a strategy that is recommend by the guidelines cited above, but these guidelines do recognize that some individuals that are in a

maintenance stage of treating chronic pain will require a stable dosing of continuous opioid medications. Following review of the medical documents provided, the injured worker has been taking Vicodin 5/500 mg two tablets twice a day since at least December 2012. The dosing regimen is stable without anticipation of increasing or decreasing. The injured worker is therefore in a maintenance stage of treating his chronic pain with the use of opioids. The request for Vicodin 5/500 mg #120 is medically necessary and appropriate.