

<b>Case Number:</b>	CM13-0054779		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/05/2001
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 70-year-old male with a date of injury of 04/05/2001. The mode of injury was a DVT in right leg with pulmonary embolus. The patient has diagnoses of hyperlipidemia, essential hypertension, acute venous embolism and thrombosis of deep vessels of lower extremity, pain in limb. The patient was seen on 10/09/2013 and the note is handwritten and difficult to read. It was noted that the patient's suffered deep vein thrombosis of the right leg with pulmonary embolism on 04/01/2001. The patient is being monitored on an every 3 month basis. He came in and still had complaints of decreased ability to perform yard work and complained of leg pain with electric shock in the right leg. The patient had noted that there is some chronic swelling. Date of examination was 10/09/2013, at which point the patient notes that they do feel better with gabapentin/Vicodin. The physician states the patient continues to be nonfunctional as far as working in his yard. It was also noted the patient feels tingling and electricity in his right leg without the gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF VICODIN 5/500 MG**

**#120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78.

**Decision rationale:** California Guidelines states Vicodin is recommended for moderate to moderately severe pain, opioids are not recommended for longterm use without any evidence of functional improvement or pain reduction. Guidelines also recommend ongoing documentation of pain relief, functional status, appropriate medication use, and side effects. The assessment should include current pain, least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, and how long it takes for pain relief, and how long pain relief lasts. The documentation provided does not show evidence of functional improvement with the medication or an assessment that had been completed documenting pain relief from the medication or how long the pain relief lasts. The documentation provided notes that the hydrocodone/ acetaminophen is prescribed as 2 tablets by mouth twice daily as needed for pain; however, the request as submitted failed to indicate a frequency. Therefore, the request is non-certified