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| <b>Case Number:</b>   | CM13-0055083 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 01/13/2002 |
| <b>Decision Date:</b> | 03/26/2014   | <b>UR Denial Date:</b>       | 10/31/2013 |
| <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 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 Texas. 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 61-year-old female who reported an injury on 01/13/2002. The mechanism of injury was not provided in the medical records. The patient is diagnosed with status post right total knee replacement, degenerative joint disease in the left knee, and herniated nucleus pulposus of the lumbar spine. Her symptoms are noted to include persistent low back pain and bilateral knee pain. Her physical exam findings were noted to include tenderness to palpation in the lower spine and left buttock, decrease range of motion of the lumbar spine, and an antalgic gait favoring her right knee. Her medications were noted to include Vicodin and Celebrex. Her most recent note dated 01/06/2014 indicated that she reported pain as 7/10 and indicated that her medications were helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500MG#100 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines the ongoing management of patients taking opioid medications should include detailed documentation regarding the patient's pain relief, functional status, and the 4A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The clinical information submitted for review indicated that the patient had previously had a consistent urine drug screen and reported that her medications were helpful. However, details regarding the patient's functional status, adverse effects, pain outcomes with use of Vicodin, and any aberrant drug taking behaviors were not provided in the medical records. In the absence of this detailed documentation required by the guidelines, the ongoing use of Vicodin is not supported. As such, the request is non-certified.