

<b>Case Number:</b>	CM13-0058238		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/18/2004
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Emergency 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 patient had a reported date of injury of 5/18/2004. The mechanism of injury is described as a trip and fall and a lifting injury. The patient has a diagnosis of lumbar disc with radiculitis, crevice disc disease, shoulder pain and thoracic outlet syndrome. Multiple medical records from primary treating physician and consultants reviewed. In a report dated 10/23/13, the patient complained of low back, neck and L shoulder pain. The patient complains of left lower extremity tingling and burning pain along anterior thigh and left leg weakness. The left shoulder and arm had tingling and pain. The pain is rated at 8/10. An objective exam reveals normal gait, able to sit at 15 minutes with no pain, a limited range of motion (ROM) of spine with 5/5 motor strength. The ROM of ankle is limited by pain. The straight leg raise test of left leg to revealed a 60 degree ROM. The right leg had a normal exam. The left arm exam shows left acromioclavicular joint tenderness. An MRI of the spine on 11/7/13 reveals mild disc degeneration, greatest in L4-5 level with posterior annular bulge up to 3mm. No disc herniation. No foraminal stenosis. There is no provided electromyography or other advance imaging. A left shoulder MRI shows fluid collection in subacromial space with type 2 acromion. Last available medication list on 10/23/13 reports that patient is on Ultram ER, Protonix, Celebrex, Vicodin ER and Lyrica. The patient has been on Vicodin ER for at least 1 year. Utilization review is for Vicodin ES and recommended non certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION VICODIN ES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 76-78 Page(s): <76-78>.

**Decision rationale:** Vicodin ES is Hydrocodone with acetaminophen. The provided documentation corrects the amount of Vicodin ES requested to 30 tablets with 2 refills. As per MTUS Chronic pain guidelines, documentation of continued chronic opioids use requires appropriate documentation of analgesia, activity of daily living (ADLs), adverse events and aberrant behavior. Documentation does not meet the appropriate documentation for all criteria. There is no documentation of analgesic affect, improvement of ADLs, screening for abuse etc. The requested number of tablets of 30 with 2 refills is not appropriate for close monitoring criteria for chronic opioid use as well. The documentation failed all required MTUS components to recommend the Vicodin ES prescription. Therefore the request for Vicodin ES is not medically necessary.