

<b>Case Number:</b>	CM13-0059320		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/03/2005
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 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:

This 48 year-old patient sustained an injury on 8/3/2005. The request under consideration includes Vicodin 7.5/750mg #120 with 3 refills. Diagnoses include lumbar sprain/strain/ lower extremity radiculitis. A report from 10/22/13 noted the patient with ongoing chronic low back pain with lower extremity radiculitis with pain rated at 4-5/10. There is noted 50% improvement from time of injury in 2005. The patient has conservative treatment to include medications which list opioid analgesics, Ibuprofen, and Neurontin. Exam showed positive Kemp's test in the lumbosacral region; possible facet joint pathology and spinal pain along the paraspinal muscles in the lumbar area. It was noted the patient has received opioid prescriptions since at least September 2012. The request for Vicodin 7.5/750MG #120 with 3 refills was partially-certified for quantity of #97 on 11/7/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 7.5/750MG #120 WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decrease in medical utilization or change in work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement, with treatment intervention and maintenance of function, that would otherwise deteriorate if not supported. Based on the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids. As such, the request is not medically necessary.