

<b>Case Number:</b>	CM13-0070482		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/26/1999
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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:

The patient is a 59-year-old female with history of injury on 7/26/99. Since the injury, she has had multiple symptoms and complaints including neck and back pain, pain and numbness and tingling in the arms, dizziness, depression and anxiety, gastrointestinal upset, and she has blood pressure problems. The patient has been on numerous medications including Vicodin, as needed. She has also received physical therapy and chiropractic care. Her physician requested chiropractic manipulation, physical therapy and Vicodin and it was denied by the carrier on September 21, 2012. This decision is effective for 12 months. Vicodin was again requested by the treating physician on November 30, 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN ES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, specific drug list.

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

**Decision rationale:** ODG Guidelines section on opioids: Hydrocodone /acetaminophen. Hydrocodone is a semi-synthetic opioid considered to be potent enough and has addictive

potential. It is recommended for short-term use for pain management. The FDA has proposed that hydrocodone products be re-classified from schedule 3 to schedule 2. Hydrocodone is not indicated for long-term use in this patient particularly because of the history of depression and its potential for increasing depression.