

<b>Case Number:</b>	CM14-0002455		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/15/2002
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Occupational 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 is a 39-year-old female who has submitted a claim for chronic back pain, lumbar facet syndrome, spinal/lumbar degenerative disc disease and neck pain associated with an industrial injury date of July 15, 2002. Medical records from 2002-2013 were reviewed. Patient is complaining of neck pain radiating to both arms and low back pain radiating to both legs. There is numbness on both hands and fingers, and tingling and electrical shooting pain on both legs. Physical examination showed restricted range of motion of the cervical spine with pain. Tenderness and tight muscle band on the paravertebral muscles were noted. There was also tenderness at the paracervical muscles and trapezius. Spurling's maneuver causes pain in the muscles of the neck. For the lumbar spine, there was restricted range of motion with pain. Paravertebral muscle tenderness and tight muscle band on both sides was also noted. Sacroiliac spine was tender as well. Motor and sensory examination was normal. MRI of the cervical spine, dated December 3, 2002, showed no disc herniation nor stenosis, disc/annulus bulges with endplate ridging at C4-C5, C5-C6, C6-C7 and C7-T1. MRI of the lumbar spine, dated June 3, 2011, showed L4-L5 and L3-L4 disc desiccation and moderate disc height loss. There is also mild disc bulging and endplate ridging contributing to moderate bilateral foraminal stenosis at L4-L5. At L5-S1 there is moderate narrowing of the right neural foramen and mild narrowing of the left neural foramen. Official report of the imaging studies were not made available. Treatment to date has included medications, joint manipulation, electrical heating pad, TENs, physical therapy, home exercise program, lumbar epidural steroid injections, aqua therapy, bilateral feet corrective surgery and activity modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500 MG #90 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 91.

**Decision rationale:** As stated on page 91 of CA MTUS Chronic Pain Treatment Guidelines, Vicodin is a combination of hydrocodone and acetaminophen. Guidelines do not recommend long term use of opioids and continued use without documented evidence of objective and functional improvement. Opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. A slow taper to prevent withdrawal is recommended if discontinuing opioids is appropriate. In this case, the patient has been taking Vicodin since 2002. Medical records submitted and reviewed showed improvement in pain, while activity level has remained the same, upon taking the medication. However, records do not provide evidence of objective or functional improvement associated with its use. The current clinical and functional status of the patient is likewise unknown. CA MTUS requires clear and concise documentation for continued opioid management. Therefore, the request for Vicodin 5/500mg #90 with one refill is not medically necessary.