

<b>Case Number:</b>	CM14-0003459		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	07/16/1990
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Neurology, 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 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 injured worker is a 66 year old female who sustained an injury on 07/16/90. No specific mechanism of injury was noted. The injured worker has been followed for multiple conditions to include nerve plexus disorder, neck pain, and unspecified myositis. There was limited clinical documentation provided for review. There was 1 PR2 report dated 12/09/13 which could not be interpreted due to handwriting and copy quality. Another undated record was also provided for review that could not be interpreted due to handwriting and copy quality. The requested Vicodin 10/300mg, 1-4 times a day with 3 refills, quantity 120 was denied by utilization review on 12/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN HP 10/300 MG ONE TO FOUR TIMES A DAY WITH THREE REFILLS, QUANTITY 120 TABLETS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**Decision rationale:** Vicodin is indicated in the treatment of moderate pain on a short term basis. Vicodin is not recommended for long term use by the MTUS Chronic Pain Guidelines. The clinical documentation submitted for review contained very limited information. There is no actual indication that the injured worker was obtaining any functional benefits from this medication. Given the lack of clinical information available to support the prescription, this request is not medically necessary and appropriate.