

<b>Case Number:</b>	CM14-0009255		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	10/18/2003
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 65-year-old male who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of 10/18/2003. The medical records from 03/14/2013 to 12/23/2013 were reviewed and showed that patient complained of back pain graded 5/10 with radiation to bilateral lower extremities. The physical examination revealed tenderness to palpation of the paraspinal musculature. No tenderness was noted over the lumbar spinous processes. The lumbar spine range of motion was normal. Manual muscle testing was 5/5 for bilateral lower extremities. Sensory to light touch was diminished bilaterally over the S1 dermatomes. A negative straight-leg-raise and ankle clonus was noted. the deep tendon reflexes 's were 2+ for knee and Achilles reflexes. MRI of the lumbar spine dated 12/13/11 revealed multilevel degenerative changes, severe central stenosis at L3-4, L5-S1 and to some degree L4-5. An MRI of the lumbar spine dated 10/23/2013 revealed L1-S1 neuroforaminal narrowing, spinal canal narrowing, and impingement of the cauda equina and left L5 exiting nerve root. The treatment to date has included physical therapy, home exercise program, massage, Lyrica, Diclofenac, Flector patches, and Vicodin ES. A utilization review, dated 12/24/2013, denied the request for prescription of Vicodin ES #90 because the patient does not have subjective or objective clinical findings indicating functional improvement with the use of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN ES #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** According to page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Vicodin ES #70 since 03/2012 based on the medical records (03/14/2013). A progress report from 12/11/2013 cited that intake of opioids allowed the patient to remain functional. There was documented gastrointestinal upset associated with opioid use; however, a proton pump inhibitor had been prescribed to address this issue. The guideline criteria were met. However, the present request failed to specify dosage of Vicodin ES. The request is incomplete; therefore, the request for prescription of Vicodin ES #90 is not medically necessary.