

<b>Case Number:</b>	CM14-0100194		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and fibromyalgia/myofascial pain syndrome reportedly associated with an industrial injury of August 31, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 20, 2014, the claims administrator partially certified a request for Vicodin, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a January 16, 2014 progress note, the applicant reported persistent complaints of chronic multifocal pain, including chronic shoulder pain, chronic low back pain, fibromyalgia, chronic wrist pain, and complex regional pain syndrome. The applicant also had derivative issues with major depressive disorder and anxiety, it was stated. The applicant was using Cytomel, Norco, and Synthroid, it was stated. The applicant stated that she was taking increasing dosage of Norco owing to heightened pain complaints as well as heightened anxiety. 2/10 pain was noted. The applicant suggested that her ability to use her hand would be significantly limited without usage of Vicodin. It was stated that the applicant was doing home exercises, including walking and low-level upper extremity activities. It was noted, however, that the attending provider suggested that the applicant was using Norco 7.5/325 in one section of the report and then stated that the applicant was using Norco 10/325 in another section of the note. In another section of the report, the attending provider, at the conclusion of the report, stated that the applicant should continue Norco 10/325. It was suggested that ongoing usage of Norco was allowing the applicant to maintain present levels of function. In a May 7, 2014 progress note, the applicant was described as having ongoing issues with depression, anxiety, and chronic regional pain syndrome/reflex sympathetic dystrophy. There was no mention of medication efficacy on this date. On April 4, 2014, the

applicant was described as using Norco 7.5/325 twice daily. A refill of the same was endorsed. On June 19, 2014, the applicant again stated that she had severe left upper extremity pain but stated that she was able to do home exercises and self-manage. It was stated, in one section of the note, that the applicant was using Norco 5/325 while other sections of the note stated that the applicant was using Norco 7.5/325 and a third section of the report stated that the applicant was using Vicodin 7.5/300.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**VICODIN ES 7.5MG 300MG #60 3 REFILLS:** Upheld

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

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

**Decision rationale:** As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, the attending provider has seemingly given the applicant prescriptions for Norco 7.5/325, Norco 5/325, Vicodin 7.5/300, and Norco 10/325, concurrently. No rationale for provision of so many different short-acting opioids has been proffered. It is unclear whether the applicant is in fact using different forms of short-acting opioids or whether this represents erroneous reporting on the part of the attending provider. In any case, the attending provider has not furnished any justification or rationale for provision of so many different short-acting opioids and/or so many different derivatives of hydrocodone-acetaminophen. Therefore, the request is not medically necessary.