

<b>Case Number:</b>	CM14-0109805		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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 injured worker is a 46-year-old male who reported an injury on 03/27/2014 due to a motor vehicle collision. The injured worker had a history of right-sided neck pain with hearing loss/headaches with a diagnoses of myofascial pain and neck sprain/strain. The past treatments included physical therapy, CT scan of the neck and head. The prior surgeries included a status post cervical fusion approximately 4 years ago. The medications included Vicodin 5/300 mg and Relafen 500 mg. The injured worker reported his pain an 8/10 with no medication and 2/10 with medication, using of the VAS. The treatment plan included a prescription for Vicodin and Relafen. The 05/22/2014 clinical notes the objective finding to the cervical spine revealed limited range of motion and spasms in paraspinal muscles. The examination also revealed hearing loss and ringing to the right ear, with tingling to the face. The treatment plan was for a request for a neurology consult. The Request for Authorization form dated 07/29/2014 was submitted within the documentation. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodine 5/300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin, page 75, ongoing management Page(s): 78.

**Decision rationale:** The request for the decision Vicodin 5/300 mg, 30 is non-certified. The California MTUS guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes provided did not provide the physical therapy notes for the reviewer. Per the guidelines Vicodin provides a short term improvement in function for chronic lower back pain, there is no evidence of long term effectiveness for pain and function. The injured worker should be taking a non-steroid or anti-inflammatory drug. The request did not address the frequency. As such, this request is not medically necessary.