

<b>Case Number:</b>	CM14-0012842		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	11/26/1990
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 was injured on 11/26/1990. The mechanism of injury is unknown. His diagnoses are lumbosacral disc degeneration, lumbar radiculopathy, cervical radiculopathy, left knee pain, and myalgia and myositis. Prior treatment history has included medication therapy with Vicodin and Crestor. There are no diagnostic studies for review. The clinic note dated 01/09/2014 states the patient presents with complaints of low back and left leg pain. Urine toxicology screen was negative for opiates. The patient reports he took his Hydrocodone last night and this morning. As noted below, he gets significant improvements in pain and function. He rates his pain level with medications a 3/10 and without medications 7/10. This disability limits hobbies, sports, and other similar leisure time activities. On examination, he has an antalgic gait with stoop. He ambulates with a cane. He has normal mood and affect. Alert and oriented to person, place and time. His speech is fluent. He attends to and follows commands normally. His memory for current and past events is intact. He has decreased range of motion of the lumbar spine for flexion and extension. He has paraspinal muscle tenderness without spasm. He has a guarding stooped posture. The note dated 11/15/2013 indicates the patient presents for follow up of his left knee injury. He has osteoarthritis. He continues to bother him. He feels as if there is a loose piece that occasionally gets caught. He still is using his cane. He realizes that he would benefit from a total knee but he still doesn't feel ready to proceed due to family issues. For the present the knee is doing a serviceable job for him. On exam, his left knee exhibits no effusion. He is experiencing tenderness in the medial joint line (also infrapatellar). Range of motion exhibits extension to -5 (significant crepitus with motion); Left knee flexion is greater than 100; valgus test is positive. There is mild swelling. Diagnosis is osteoarthritis of the left knee. It was discussed with patient about proceeding with a TKA at his timing. The interventional pain relief note dated 07/10/2013

states the patient complains of low back pain. He rates his pain without medications at 8-9/10; with medications 3-4/10; and activity level without medications a 1-2/10. Objective findings on exam revealed decreased range of motion for flexion and extension.

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

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

**VICODIN ES 7.5/300MG, #90 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids Section.

**Decision rationale:** According to the CA MTUS guidelines, Vicodin "Hydrocodone with Acetaminophen" is a short-acting opioid, also known normal-release or immediate release that is effective in controlling chronic pain. They are use for intermittent or breakthrough pain. In chronic back pain these medication appear to be efficacious but limited for short-term pain relief, and long-termefficacy is unclear (>16 weeks), but also appears limited. There is no report of objective functional improvement while on Vicodin for chronic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessments and consideration of alternative therapy. The medical records document the patient was diagnosed with lumbosacral disc degeneration, lumbar radiculopathy, cervical radiculopathy and left knee OA. The patient has been maintained on Vicodin medication since 12/17/2012. A urine drug screen, however, the medical report dated 1/9/2014 revealed the urine toxicology screen was negative for opiates. There has been no documented improvement in pain and function with Vicodin therapy. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Medical necessity for continued regular Vicodin therapy has not been established. The requested amount of medication is not medically necessary.