

<b>Case Number:</b>	CM14-0016964		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	01/01/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate the date of injury as occurring in 2009, and there is a diagnosis of chronic low back pain. Right foot weakness is also noted. The continued use of narcotic medications is outlined and no particular efficacy is described. Multiple other pain management interventions are noted. Electrodiagnostic testing was reported to be normal. A repeat of diagnostic assessment was completed, also noted to be normal. The physician progress note dated January 2014 indicates a diagnosis of radiculopathy, sciatica and degenerative disc disease. (The diagnosis of radiculopathy has been disproven on 2 separate occasions). The previous progress note dated October, 2013 noted positive straight leg raising and 80° and some weakness. In addition to the narcotic medication (hydrocodone) non-steroidal preparations are also used. The progress notes do not indicate that any urine drug screening, opioid contract or any other chronic pain parameters have been employed in addressing the clinical situation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), OPIOIDS FOR CHRONIC PAIN, 80.

**Decision rationale:** This medication has been employed for number of years. The pain complaints noted had not changed. As such, there is no competent, objective and independently confirmable medical evidence presented of any efficacy or utility with the use of this narcotic medication. Weaning attempts had been suggested and not been employed. Therefore, when taking the consideration the parameters noted in the MTUS, there is insufficient data to suggest the need for ongoing use of this medication. Therefore, the request for Vicodin is not medically necessary and appropriate.