

<b>Case Number:</b>	CM14-0112336		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/06/2006
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old female who reported an injury on 02/06/2006. The mechanism of injury was not provided. On 01/23/2014, the injured worker presented with low back pain. Current medication included Cymbalta, ibuprofen, Vicodin and Ambien. Upon examination, the injured worker had a VAS pain scale of 7/10, and a Beck Depression Score of 39. The range of motion is 25% of expectation and the lower extremity stretch reflexes are 1+ bilaterally. There was give way weakness on both lower extremities and sensory deficits of the left leg L3-4 and L5-S1 dermatomes. The diagnoses were lumbar disc disease, left sciatic neuropathy and depressive symptoms/major depression. The provider recommended Vicodin 5/325 mg with a quantity of 50, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/325 mg #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-95.

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

**Decision rationale:** The request for Vicodin 5/325 mg with a quantity of 50 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There was lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.