

<b>Case Number:</b>	CM14-0134392		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 41-year-old male who reported an injury on 04/25/2011. The mechanism of injury was not noted within the review. His diagnoses were noted to be knee/lower leg pain and radiculopathy. Prior treatments were noted to be physical therapy and medications. The injured worker had diagnostic imaging. The injured worker also had left knee surgery. Clinical evaluation on 08/15/2014 noted subjective complaints of low back pain rated a 10/10 with radiation to the left leg. The injured worker complained of constant right knee pain rated 10/10. The injured worker was seen by a pain management specialist for a followup visit and stated that he was requesting an epidural injection. Physical examination of the lumbar spine revealed paraspinal spasms and tenderness. The straight leg raise test was positive on the left. Motor strength testing revealed weakness of the extensor hallucis longus and tibialis anterior muscles at 4/5. The treatment plan was to continue with the pain management specialist and see a psychiatrist for evaluation and treatment of anxiety, depression, and stress. The rationale for the request was not provided within the documentation. A Request for Authorization Form was also not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Vicodin 10/325 mg, thirty count:** Upheld

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

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

**Decision rationale:** The request for one prescription of Vicodin 10/325 mg #30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behaviors). Monitoring of these outcomes should, over time, affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review does not include an adequate pain assessment. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to indicate a dosage frequency. As such, the request for one prescription of Vicodin 10/325 mg #30 is not medically necessary.