

<b>Case Number:</b>	CM14-0151078		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/24/2008
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. 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 had an original industrial injury on 2/24/2008. The patient's injured regions on this industrial claim include the neck, low back, left hip, and left leg. The mechanism of injury was a fall when the worker was trying to hold a patient up. Conservative therapies have included activity restriction, pain medication, and cognitive behavior therapy. The patient is noted to be on a regimen including Neurontin, Pamelor, and Vicodin. The dispute issue is a request for Vicodin 5/300mg. This was non-certified by the utilization review process. The stated rationale for this denial was that there was no documentation that the lowest possible dose was utilization, that there was functional improvement from Vicodin, or that the single prescriber is writing for this prescription.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Page(s): 76-80.

**Decision rationale:** The patient is noted to be on a regimen including Neurontin, Pamelor, and Vicodin. This implies that appropriate adjuvant medications are being utilized. For continuation of narcotics, there should be ongoing monitoring of the 4 domains. A progress notes on 8/12/2014 documents the medication reduces the pain from 7/10 to 5/10. The medication allows the worker to exercise and the current dosage is on average 2 tablets of Vicodin each day. There are no side effects. A recent urine drug test on 5/12/2014 was negative for illicit substances. Since this is complete documentation of the 4 A's, this request is medically necessary. Although there is no explicit documentation of this being the lowest dose, a dose of hydrocodone 10mg total daily is considered low dose. Therefore, Vicodin 5/300mg #60 is medically necessary.