

<b>Case Number:</b>	CM14-0156791		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Family 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 patient had a date of injury on 1/25/09. Patient injured her left wrist by doing excessive filing along with her normal clerical duties. According to the medical records the patient hurt her left upper extremity and neck as a result of her job activities as well. Patient underwent cervical neck surgery on 1/11/10. Patient's medications include Tramadol, Cymbalta, Flexeril, Ambien and Naproxen. Diagnosis includes Chronic pain syndrome, Status post anterior cervical discectomy and fusion with plating C4 through C6, Residual cervical neck pain left, Left trapezius and parascapular pain and left trapezius muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN ES 7.5/300 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**Decision rationale:** According to guidelines opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic

lumbar root pain with resultant neuropathy. Major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. According to the patient's medical records it does not clearly state why Vicodin will be used. There are minimal long term studies showing the benefit of opioids for long term use. Therefore, Vicodin ES 7.5/300 #120 is not medically necessary.