

<b>Case Number:</b>	CM14-0173369		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/01/14 and continues to be treated for neck and low back pain with right upper extremity numbness and tingling. On 09/17/14 there is reference to a prior cervical epidural steroid injection with "good relief." Physical examination findings included positive Spurling's testing and an antalgic gait. Medications were refilled. The treatment plan references obtaining prior MRI scans with consideration of a cervical epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for neck and low back pain and right upper extremity numbness and tingling. Medications include Vicodin at a total morphine equivalent dose (MED) of less than

120 mg per day. In this case, there is no evidence of progress towards a decreased reliance on medical care or return to work plan and the claimant appears to be becoming more dependent in terms of medical care usage. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Vicodin was not medically necessary.