

<b>Case Number:</b>	CM14-0021792		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/24/2005
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Anesthesiology, 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 is a 69-year-old male who reported an injury on 10/01/2001 due to a fall. On 07/10/2014, the injured worker presented with shoulder pain, and neck and back spasms. Upon examination, there was tenderness to palpation in the upper cervical paraspinals to the levator scapulae muscles and interscapular muscles. There was guarding of the right shoulder and a positive impingement sign to the right shoulder. There was guarding of the left posterior fossa of the knee and tenderness to palpation to a mild degree at the hamstring insertion and an antalgic gait. There was low back spasms with a lordotic curve. The diagnoses were chronic pain syndrome secondary to industrial injury, acute or chronic pain with low back muscle spasm and cervical muscle spasm, C6 radiculopathy with secondary cervical muscle spasm, osteoarthritis of the knees, injury to the left knee, and right shoulder pain in need of surgery. A current medication list was not provided. The provider recommended Amrix 15 mg, the provider's rationale was not provided. The Request for Authorization form was dated 07/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500 MG 1 TABLET TWICE DAILY AS NEEDED #60 TO ALLOW THE PATIENT THIS 1 REFILL FOR THE PURPOSE OF WEANING TO DISCONTINUE, WITH A REDUCTION OF MEDICATION BY 10-20% PER WEEK OVER A WEANING PERIOD OF 2-3 MONTHS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-80.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Prior utilization review on 01/29/14 was non-certified. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.