

<b>Case Number:</b>	CM14-0025911		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Management 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:

This is a patient with a date of injury of December 18, 2013. A utilization review determination dated February 27, 2014 recommends partial certification of Vicodin. A progress report dated April 30, 2013 identify subjective complaints of shoulder pain, elbow pain, hand pain, bilateral knee pain, low back pain, and right hip pain. Physical examination findings identify tenderness to palpation affecting the musculoskeletal system. Diagnoses include internal derangement of the shoulder. The treatment plan recommends Norco, off work, urine drug screen, and an MRI. A progress report dated February 20, 2014 includes subjective complaints indicating that the patient is receiving Vicodin 1.5 tablets 3 times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN TABLETS 5 MG/500 MG TABLETS, # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88,89,93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79, 120.

**Decision rationale:** Regarding the request for Vicodin (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Vicodin is an opiate pain medication. Due to high

abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Vicodin is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Vicodin is not medically necessary.