

<b>Case Number:</b>	CM14-0031247		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	10/19/2001
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 55 year-old male who reported an injury on 10/19/2001; the mechanism of injury was not provided in the medical records. The injured worker had diagnoses including sprain of lumbosacral (joint) (ligament), cervical radiculitis, status post cervical spine fusion, chronic pain, lumbar radiculitis, status post lumbar spine fusion, bilateral carpal tunnel syndrome, right elbow pain, occipital neuralgia, gastritis, medication related dyspepsia, and cubital tunnel syndrome right. The clinical note dated 12/13/2013 noted the injured worker complained of neck pain which radiated into the bilateral upper extremities into the elbows and hands and low back pain which radiated into the bilateral lower extremities. The injured worker noted his pain level was rated 7/10 with medication and 9/10 without medications. His pain increases during physical activities and walking. The request for authorization for Vicodin 5/500 was submitted on 12/06/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500, 1 EVERY 8 HOURS, PRN #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, PAGE 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin; Ongoing Management Page(s): 75; 78.

**Decision rationale:** The California MTUS guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. The guidelines note for ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. There is no clear documentation supporting the medical necessity of the requested quantity of vicodin 5/500, 1 every 8 hours, prn #90. Although the medication was indicated to decrease the patients pain from 9/10 to 7/10 there was a lack of clear evidence of significant objective functional improvement resulting from continued use of vicodin 5/500mg. There is documentation of utilizing the states's prescribing drug monitoring program, screening for side effects, and an opioid pain treatment agreement. However, there is a lack of documentation of urine drug screening being performed. Therefore, the request for vicodin 5/500, 1 every 8 hours, prn #90 is not medically necessary.