

<b>Case Number:</b>	CM14-0041116		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/03/2001
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 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 42-year-old male who reported an injury on 11/03/2001. The mechanism of injury was not provided. On 03/12/2014, the injured worker presented with back pain. He reported left lower back pain radiating down the left leg with tingling, numbness, and burning sensation to the bottom of the left foot. Current medications included hydrocodone 5 mg acetaminophen 500 mg, Lyrica 75 mg, Nucynta 50 mg, Nucynta ER 50 mg, and Vicodin 5 mg. Upon examination of the lumbar spine there was normal alignment and tenderness to palpation over the spinous process at the L4 and transverse process at the right L4 and left L4. There was also tenderness to palpation over the bilateral paraspinal region at L4 and sacral promontory. There was decreased sensation on the sole of the foot and the posterior leg of S1. The diagnoses were chronic pain syndrome and lumbar postlaminectomy syndrome. The provider recommended Vicodin, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300 every day (QD): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioid hyperalgesia Page(s): 80, 95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Vicodin 5/300 every day is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the quantity of the medication in the request as submitted. As such, the request is not medically necessary.