

<b>Case Number:</b>	CM14-0045629		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/30/2008
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 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:

According to the records made available for review, this is a 65-year-old male with a 5/30/08 date of injury, and status post left knee surgery 09 and 9/6/13. At the time (3/20/14) of request for authorization for Vicodin 5/500 mg: goal of one tab every 6 hours given that MD did not specify dosage, reassessment in 2 months. Units/days: 2, there is documentation of subjective (bilateral knee pain, lower back pain with radiation down both legs) and objective (limited lumbar range of motion, positive Valsalva, Kemp's test, bilateral knee crepitance, limited and painful range of motion, positive McMurray, diminished sensation in the L5-S1 distribution) findings, current diagnoses (status post left knee medial/lateral meniscectomy, lumbar spine disc herniation, bilateral knee osteoarthritis, right knee lateral meniscal tear and left lower extremity radiculopathy), and treatment to date (left knee cortisone injection, physical therapy, and medications (including Vicodin since at least 10/13). 12/19/13 medical report identifies a pharmacological assessment. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Vicodin use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500 mg: goal of one tab every 6 hours given that MD did not specify dosage. Reassessment in 2 months. Units/Days: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 91.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post left knee medial/lateral meniscectomy, lumbar spine disc herniation, bilateral knee osteoarthritis, right knee lateral meniscal tear and left lower extremity radiculopathy. In addition, there is documentation of a pharmacological assessment. However, given documentation of Vicodin use since at least 10/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Vicodin use to date. Therefore, based on guidelines and a review of the evidence, the request for Vicodin 5/500 mg: goal of one tab every 6 hours given that MD did not specify dosage, reassessment in 2 months. Units/days: 2 is not medically necessary.