

<b>Case Number:</b>	CM14-0048039		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Georgia. 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 62-year-old female presenting with chronic pain following a work-related injury on November 17, 2011. On May 2, 2013 the patient complains of constant pain which was rated at 7 and increases to an 8 out of 10. The pain is described as burning pain radiating into both legs and feet. The pain is associated with numbness and tingling in both legs worse on the right leg and foot. The pain is increased with prolonged sitting, standing, walking, sleeping positions, bending, lifting and dressing. The patient reports that the pain is decreased with rest, requiring, hot baths and ice compresses. According to medical records the patient is not currently working. The physical exam was significant for antalgic gait with the use of a cane, pain with palpation of the lower lumbar spinous processes, flexion, extension, lateral bending and rotation is limited to 50% with stiffness, moderate spasms, and palpable spasms in the paraspinal muscles of the lower lumbar spine. She was diagnosed with lumbosacral sprain. The claim was made for Vicodin 5 per 300 #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
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**Decision rationale:** MTUS Guidelines state that weaning of opioids are recommended if there is no overall improvement in function, unless there are extenuating circumstances; continuing pain with evidence of intolerable adverse effects; decrease in functioning; resolution of pain; if serious non-adherence is occurring; or if the patient requests discontinuing. The patient's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that she was permanent and stationary. She has long-term use with this medication and there was a lack of improved function with this opioid; therefore the request is not medically necessary.