

<b>Case Number:</b>	CM14-0053400		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/16/1991
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Family Practice 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 54 year old male claimant sustained a work injury on 10/16/91 involving the low back. He was diagnosed with lumbar radiculitis and post-laminectomy syndrome. His pain had been treated with opioids including Norco for several years. He had a spinal cord stimulator placed in Oct 2012. He has received epidural steroid injections and lumbar fusions. A progress note on 3/20/14 had noted the claimant was on Norco and Lidoderm patches for pain. The claimant's pain was moderate. Exam findings were notable for reduced range of motion of the lumbar spine, decreased sensation in both legs and a positive straight leg raise in the seated position. Due to unimproved pain, the treating physician altered his medication to Vicodin 5/500 #120 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Vicodin 5/500mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short acting opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for

neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for years persistent pain. The Vicodin is similar to Norco. The use of Vicodin is not medically necessary.