

<b>Case Number:</b>	CM14-0088635		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 41-year-old male with a reported date of injury on 06/14/2005. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include chronic left ankle pain, chronic left foot pain, chronic tendinitis of the left ankle, and chronic synovitis of the ankle joint. His previous treatments were noted to include medications. The progress note dated 04/28/2014 revealed complaints of left ankle and foot pain. The injured worker indicated that prolonged standing and walking accentuated the pain and that the medication helped. The physical examination of the foot revealed normal range of motion and tenderness over the Achilles tendon insertion, anterior ankle joint, plantar fascia, and posterior tibial tendon. A neurological examination appeared to be intact. The Request for Authorization form was not submitted within the medical records. The request was for Vicodin 5/300 mg, #60 with 2 refills; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300 MG, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for Vicodin 5/300 MG, #60 with 2 refills is not medically necessary. The injured worker indicated the medications helped with his pain. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications, improved functional status, side effects, and without details regarding consistent urine drug screens and when the last test was performed, the ongoing use of opioids medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.