

<b>Case Number:</b>	CM14-0092560		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 54 year-old female who was reportedly injured on 5/1/2006. The mechanism of injury is noted as cumulative trauma. The most recent progress note dated 5/27/2014 indicates that there are ongoing complaints of chronic neck, upper extremity, low back, and knee pain. The physical examination is handwritten and states weakness, restricted range of motion, positive canal and positive Phalen's. No recent diagnostic studies are available for review. Previous treatment includes right wrist surgery, left elbow surgery, right elbow surgery, left knee surgery, physical therapy, medications, and conservative treatment. A request was made for Vicodin 5/325 mg #60, and was not certified in the pre-authorization process on 6/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/325MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): PAGE 115, Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): PAGE 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Vicodin (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in pain or function with the current regimen. As such, this request for Vicodin is not medically necessary.