

<b>Case Number:</b>	CM14-0093488		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 52-year-old male who reported an injury on 02/22/2010 who reportedly sustained injuries to his neck, shoulders, mid back, and low back which he attributes to repetitively lifting patients and repetitively moving patients from wheelchairs to bed or from bed to wheelchairs, moving furniture to clean. The injured worker's treatment history included MRI scans, EMG studies, TENS Unit, lumbar brace, left knee brace, and lumbar cushion and medications. Other conservative treatments included physical therapy, chiropractic treatment, cognitive behavioral session program, epidural steroid injections, and urine drug screen and x-rays. The injured worker was evaluated on 05/30/2014; it was documented that the pain persists and the injured worker was out of medications. On objective findings the provider noted there was no change. Diagnoses included lumbar radiculopathy, sprain of the knee and leg, and cervical radiculopathy. The injured worker had a urine drug screen on 05/30/2014 that was positive for Vicodin. The provider failed to indicate the injured worker's VAS scale measurements while on opiate medications. Request for Authorization dated 05/30/2014 was for Vicodin 7.5/300 mg and the rationale was for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP (Vicodin) 7.5/300mg Qty 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Hydrocodone/ APAP (Vicodin) 7.5/300 mg QTY: 90 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. Furthermore, the request does not include the frequency. In addition, there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Vicodin is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is not medically necessary.