

<b>Case Number:</b>	CM14-0181742		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2014

### 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 Medicine and is licensed to practice in New Jersey. 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 worker is a 36 year old male who was injured on 9/18/2013. He was diagnosed with lower back pain, lumbar strain/sprain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar facet arthritis, and reflex sympathetic dystrophy of the upper limb. He was treated with physical therapy and various medications including opioids, anti-epileptics, and muscle relaxants. He was able to return to work with restrictions. The worker was seen on 8/28/14 (most recent progress note available for review) by his pain management physician reporting continual low back pain rated 5/10 with his medications (Neurontin, Vicodin, Tylenol, Flexeril, ThermaCare, Prozac) and 6-7/10 on the pain scale without these medications. The collective use of these medications allows the worker, along with activity restrictions and rest, to be able to complete "necessary activities of daily living such as walking" (no report included effects of each medication independently). He was then recommended to continue his previously prescribed medications and doses (1 month supply) and requested an epidural injection be authorized as well, which the worker was interested in trialing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/325mg #90 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Vicodin), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify the continuation of the medication. In the case of this worker, there was a partial report on this review having taken place; however, this was insufficient to show clear evidence of the Vicodin benefiting the worker significantly. The report on pain reduction was from his collective use of all of his medications together, with no report showing quantitatively how his function and pain changes with the Vicodin independent of his other medications and activity restriction. This is required in order to justify continuation of Vicodin. Therefore, it will be considered medically unnecessary until this evidence is provided.