

<b>Case Number:</b>	CM14-0196671		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 56 year old female with an injury date of 01/25/14. The 10/20/14 Orthopedic Spinal Surgery Progress report and 09/15/14 progress report state that the patient presents with improved lower back and left leg pain. The patient has more cervical complaints than lumbar along with pain in both hips. The treater states she is not able to work as of 09/15/14; however, reports also state she is retired. Examination reveals decreased sensation in the right L5 dermatome with tenderness over the left sciatic notch along with paralumbar tenderness for L1 to L5-S1 with spasms. There is severe left leg pain with active lumbar extension. There is also bilateral sacroiliac and trochanteric tenderness. The patient's listed diagnoses from 09/15/14 are: 1. Chronic lumbar back pain from cumulative trauma at work. 2. Chronic bilateral hip pain from cumulative trauma injury. On 10/20/14 the treater cites a 08/08/14 lumbar MRI showing L4-L5 degenerative spondylolisthesis with bilateral foraminal distortion. Medications are listed as Vicodin and Tylenol on 09/15/14. The utilization review being challenged is dated 10/31/14. Two progress reports were provided from 09/15/14 and 10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg QTY#120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 and 89, 78.

**Decision rationale:** The patient presents with lower back, left leg, cervical and bilateral hip pain. The treater requests for VICODIN 5/300 mg QTY # 120 (Hydrocodone, an opioid) per report of 09/15/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient's opioid treatment history is limited as only two progress reports dated 09/15/14 and 10/20/14 are provided. The patient appears to be using Hydrocodone long-term as the 04/07/14 QME reports the patient's use of Norco. Pain is not routinely assessed through the use of pain scales; however, a pain disability index dated 09/15/14 is provided in which the patient states that Vicodin reduces her pain from 8-9/10 to 1-2/10 for the following categories of life activity: Family/Home responsibilities, Recreation, Social Activities, Occupation, Sexual behavior, Self-care and Life support activities. Each category describes some activities included within the category. However, opiate management issues are not addressed. No Urine Toxicology reports are provided or discussed. There is no discussion of adverse side effects or behavior. Cures and/or a pain contract are not discussed. No outcome measures are provided as required by MTUS. In this case, there is not sufficient documentation of all the 4As to support long-term opioid use. The request is not medically necessary.