

<b>Case Number:</b>	CM14-0201262		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	06/19/2003
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of June 19, 2003. A utilization review determination dated November 17, 2014 recommends modified certification of Vicodin. A progress report dated June 12, 2014 identifies subjective complaints of continued neck and back pain. Objective examination findings reveal restricted range of motion in the cervical and lumbar spine. Diagnoses include chronic cervical pain with disk herniations and facet mediated pain, chronic bilateral lower extremity radicular pain, chronic thoracic myofascial pain, chronic lumbar pain, occasional right hand pain, probable depression, and marijuana dependency. The treatment plan recommends a refill of Vicodin and continue baclofen. The note states "I disagree with the reduction of the patient's pain medicine." The note goes on to state that a pain management specialist was in agreement that the patient was appropriate for Vicodin that he has pain relief and functional improvement for the medication with no side effects. The note goes on to state that the patient has increased physical and psychosocial function as a result of taking this medicine with no abnormal behavior or noncompliance. A pain disability index shows significant improvement in pain and function as a result of the patient's current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/325mg # 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Vicodin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use. In light of the above, the currently requested Vicodin is medically necessary.