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| <b>Case Number:</b>   | CM14-0207039 |                              |            |
| <b>Date Assigned:</b> | 12/19/2014   | <b>Date of Injury:</b>       | 11/27/2012 |
| <b>Decision Date:</b> | 02/13/2015   | <b>UR Denial Date:</b>       | 12/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2014 |

### 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 57-year-old male with an injury date of 11/27/2012. Based on the 09/11/2014 progress report, the patient has back pain which radiates from his lower back down to his left leg. He rates his pain as an 8/10 with medications and a 9/10 without medications. The patient "reports [of] increased radiating left leg pain that has made it difficult for him to sleep at night." The 10/09/2014 report states that the patient continues to rate his pain as an 8/10 with medications and a 9/10 without medications. He has poor quality of sleep, an antalgic gait, is assisted by a cane, and scuffs his left toes during ambulation, cannot walk on heels, and cannot walk on toes. Inspection of the lumbar spine reveals asymmetry and a restricted range of motion. On palpation of paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band are noted on the left side. Lumbar facet loading is positive on both sides and there is a positive straight leg raise on the left side. On sensory examination, light touch sensation is decreased over the medial foot, posterior side of the L4 and L5 lower extremity dermatomes on the left side. The 10/11/2014 report does not provide any information regarding the patient's pain and function. The patient's diagnoses include the following: 1. Lumbar radiculopathy. 2. Spinal/lumbar DDD. 3. Low back pain. The utilization review determination being challenged is dated 12/04/2014. There were three treatment reports provided from 09/11/2014, 10/09/2014, and 10/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Vicodin 5-300mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

**Decision rationale:** The patient presents with low back pain, which radiates from the lower back to the left leg. The request is for Vicodin 5/300mg #90. On palpation of paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band are noted on the left side, lumbar facet loading is positive on both sides, there is a positive straight leg raise on the left side, light touch sensation is decreased over the medial foot, posterior side of the L4 and L5 lower extremity dermatomes on the left side, and there is a decreased lumbar spine range of motion. The report with the request was not provided, nor do any of the reports provided discuss Vicodin. MTUS Guidelines pages 88-89 state, "Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the four A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" for 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 09/11/2014 report states, "He states that medications are working well. No side effects reported." The 10/09/2014 report states, "No new problems or side effects. Activity level has remained the same." Although the patient does not have any side effects/adverse behavior, not all 4 A's are addressed as required by MTUS. The treating physician does not provide any pain scales, nor are no examples of ADLs that demonstrate medication efficacy. There are no pain management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screens to monitor for medicine compliance are not addressed. The treating physician does not provide the minimum requirements of documentation that are outlined in MTUS guidelines for continued opiate use. The requested Vicodin is not medically necessary.