

<b>Case Number:</b>	CM15-0001857		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/14/2007
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 (IW) is a 53 year old male, who sustained an industrial injury on 4/14/2007. He has reported ongoing left sided pain particularly in the shoulder, elbow, wrist, hip, knee and ankle worse with activities of daily living (ADL) and was diagnosed with left sided paresthesia secondary to a work induced cerebrovascular accident (CVA), residual pain syndrome, hypercholesterolemia, psycho-emotional stress and sleep apnea. Treatment to date has included diagnostic studies, radiographic imaging, laboratory studies, physical therapy, an extended hospital stay and pain medications. Currently, the Injured Worker complains of continued left sided pain and weakness. The Injured Worker was noted to suffer a CVA associated with work demands. He was noted to have a lengthy hospital stay and to have physical therapy to improve functional level secondary to residual left-sided weakness. He reported continued pain and noted some relief with a combination of pain medications. On April 25, 2014, evaluation revealed continued complaints as previously noted. The treatment plan included Vicodin three times daily. On September 5, 2014, he submitted a urinary drug screen (UDS) revealing the presence of prescribed medications. On October 17, 2014, evaluation revealed continued complaints of pain as previously described. Vicodin was renewed. On October 30, 2014, a psychological evaluation revealed no incurable mental disorder and nothing affecting the IW ability to benefit from vocational retraining. Several videos were referred to noting only a slight limp at times with no use of assistive devices. On December 19, 2014, Utilization Review partially certified a request for Vicodin 7.5/300mg #90, reducing the total to #85, noting the MTUS, ACOEM Guidelines,

(or ODG) was cited. On 1/5/2015, the injured worker submitted an application for IMR for review of a request for Vicodin 7.5/300mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Vicodin 7.5/300mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** Vicodin 7.5/300mg #90 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on opioids without significant functional improvement therefore the request for Vicodin 7.5/300mg #90 is not medically necessary.