

<b>Case Number:</b>	CM15-0004828		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/03/2003
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a female, who sustained an industrial injury on 11/19/2002. The diagnoses have included cervical, thoracic, and lumbar strain and epicondylitis. Treatment to date has included conservative treatments. Currently, the injured worker complains of pain to the low and mid back, right neck and shoulder, left hip and leg, and bilateral feet. Physical exam showed persistent asymmetric lumbosacral range of motion to 7.5 inches, tight hamstrings and weakness in the right, neck pain on extension with compression sign, limited rotation 30 degrees to right and lateral bend to right, and diminished wrist extension on right. She was taking Ultram to diminish narcotic usage with excellent results. Medications prescribed were documented as Ultram ER, Prilosec, Tylenol #3, Orudis, and Flexmid. Medication refills were requested and Hydrocodone regulations were discussed. On 12/23/2014, Utilization Review modified a prescription request for Norco 5/325mg #60, to Norco 5/325mg #30, citing the MTUS recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/325mg #60 tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicodin 5/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical, thoracic, lumbar strain; and lateral epicondylitis. Subjectively, the injured worker complains of "low back pain that fluctuates"; "My shoulder and mid back or worse"; and "my hip to the left leg are painful". "I need a refill of meds." According to the documentation, the provider states the injured worker is getting excellent relief with Ultram ER. The physician plan makes mention about discussing new hydrocodone regulations. There is no discussion of hydrocodone regulations. Vicodin is not come in 5/325 mg strength. Norco 5/325 mg is the appropriate medication. Consequently absent clinical documentation with the clinical rationale for starting Norco 5/325 mg while Ultram provides excellent relief, Vicodin 5/325 mg #60 is not medically necessary.