

<b>Case Number:</b>	CM15-0131497		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 59 year-old female sustained an industrial injury to the neck, back and right shoulder on 10/8/13 when she fell off of a ladder. Current diagnoses included status post multiple falls with multi-body injury, right shoulder sprain/strain, right shoulder contusion, right shoulder rotator cuff injury, lumbar sprain/strain, lumbar contusion with coccydynia, lumbar spine disc injury, possible right sacral wing occult fracture and status post right shoulder surgery. Comorbid conditions include obesity. Previous treatment included surgery [right shoulder arthroscopy with decompression and superior labral anterior posterior repair (12/23/14)] and medications. X-rays of the cervical spine showed facet joint arthrosis. In a progress note dated 5/27/15, the injured worker reported having a severe flare-up of pain in her low back and right leg necessitating a recent trip to the Emergency Department. Physical exam was remarkable for tenderness to palpation to the lumbar spine with pain upon range of motion, positive right straight leg raise, decreased sensation to light touch in the right lower extremity and motor strength 5/5 to bilateral lower extremities. The provider stated that the injured worker had a flare-up of pain involving the low back and leg and recommended additional work-up. The treatment plan included x-rays of the lumbar spine, increasing Vicodin to twice a day and requesting authorization for electro- acupuncture treatment and lumbar epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500 Mg 1-2 tablets up to twice a day #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1; 74-96.

**Decision rationale:** Hydrocodone-Acetaminophen (Vicodin) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 500 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 40-80 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is no documentation in the records available for review that the present provider used first-line medications before starting opioid therapy or that the provider is appropriately monitoring this patient for the safe use of opioids with recurrent urine drug screens. Additionally, there is no documentation of decreased pain nor increased functioning when using the opioid medication. Given all the above information, the safe use of chronic opioid therapy and thus medical necessity for its continued use has not been established. Therefore, the request is not medically necessary.