

<b>Case Number:</b>	CM15-0136874		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	03/22/2004
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

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

### 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 47 year old male, who sustained an industrial injury on 3/22/2004. The medical records submitted for this review did not included the details regarding the initial injury or the prior treatments to date. Diagnoses include industrial lower back injury, chronic lower back pain, and chronic pain management. Currently, he complained of low back pain with radiation of symptoms down bilateral lower extremities. He reported increased pain without medication. Previous medications included Vicodin, Flexeril, and Motrin. On 6/1/15, the physical examination documented decreased lumbar range of motion, tenderness and muscle spasms with mild contraction noted. The plan of care included Vicodin 5/300mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/500mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2004 and continues to be treated for low back pain with intermittent right lower extremity radiating symptoms. When seen, he had run out of medications one month before. Medications had included Vicodin 5/300 mg #60 prescribed more than one year before. Physical examination findings included a weight of 221 pounds. There was decreased lumbar spine range of motion with moderate muscle spasms and tenderness. There was decreased hip flexion strength attributed to pain. Flexeril, Motrin, and Vicodin were prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having moderate to severe pain and had previously been effective. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.