

<b>Case Number:</b>	CM15-0142193		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	07/17/1995
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: 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 66 year old female, with a reported date of injury of 07-17-1995. The mechanism of injury was the lifting up of some supplies while at work. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include failed back surgery syndrome, left lumbar radiculopathy, central disc protrusion at L3 to L4, L4 to L5, and L5 to S1, lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar facet joint pain, lumbar stenosis, status post lumbar fusion, and lumbar sprain-strain. Treatments and evaluation to date have included oral medications, topical pain medications, lumbar spine fusion, and left lumbar transforaminal epidural injection. According to the medical report dated 03-25-2009, the diagnostic studies to date have included an MRI of the lumbar spine on 11-26-2008. According to the medical report dated 09-09-2008, the injured worker had a CT scan of the lumbar spine on 02-13-2003; and an MRI of the lumbar spine on 08-25-2007. The medical report dated 07-16-2003 indicates that the injured worker had a CT discogram that was performed on 02-13-2003 which showed concordant pain response at L2 to L3 disc space. The medical report dated 08-19-2002 noted an MRI of the lumbar spine which showed a herniated L2 to L3 disc. The progress report dated 06-11-2015 indicates that the injured worker had bilateral low back pain with radiation into the left anteromedial thigh and left anterior knee with left lower extremity numbness and paresthasias. She rated her pain 6 out of 10. The physical examination showed positive lumbar spasms; tenderness upon palpation of the lumbar paraspinal muscles overlying the L3 to L5 facet joints; restricted lumbar range of motion in all directions with pain; positive lumbar discogenic provocative maneuvers; positive left Gaenslen's and Patrick's

maneuver; positive left straight leg raise test; normal muscle strength in the bilateral lower extremities; and decreased sensation to light touch in the left anterior thigh. The treatment plan included a prescription for Vicodin, one tablet four times a day, as needed for pain with no refills. It was noted that the medication provided 50% improvement in the injured worker's pain, with 50% improvement in her activities of daily living such as self-care and dressing. The injured worker is retired, and her work status was noted as permanent and stationary with open future medical treatments. Notes indicate that there is an updated urine drug screen and signed opiate agreement. The treating physician requested Vicodin 5-300mg #120.

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

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

**Vicodin 5/300mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Vicodin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Vicodin is medically necessary.