

<b>Case Number:</b>	CM15-0145605		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	12/18/2004
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Texas, New York, 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:

The applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 18, 2004. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for Vicodin. The claims administrator referenced an RFA form received on June 25, 2015 in its determination. On said June 25, 2015 RFA form, Vicodin was renewed. In an associated handwritten progress note of May 26, 2015, the applicant reported 8/10 low back pain complaints, diminished to 4 to 6/10 following introduction of Vicodin. The attending provider posited that the applicant's ongoing usage of Vicodin was attenuating his pain scores from as high as 8/10 without medications to 3/10 with medications. In another section of note, the attending provider stated that the applicant's pain scores were reduced from 4 to 6/10 without medications to 3/10 with medications. The note was very difficult to follow, handwritten, not entirely legible, and did not clearly articulate whether the applicant was or was not working with Vicodin and Flexeril in place. On February 9, 2015, it was acknowledged that the applicant was seeking work. Once again, the treating provider posited that ongoing medication consumption had attenuated the applicant's pain scores.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for Vicodin, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was not working it was reported on a handwritten note dated February 9, 2015. While the attending provider did recount a reduction in pain scores reportedly effected as a result of ongoing medications consumption on May 26, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and substantive improvements in function effected as a result of ongoing Vicodin usage (if any). Therefore, the request was not medically necessary.