

<b>Case Number:</b>	CM15-0192891		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 57 year old male, who sustained an industrial injury on 7-30-2003. The injured worker is being treated for closed head injury with concussion, posttraumatic head syndrome with cognitive impairment, dizziness and probable left labyrinthine concussion, greater occipital neuralgia and right knee pain (stable). Treatment to date has included diagnostics and medications including Vicodin. Per the Neurological Reexamination Report dated 8-11-2015 the injured worker's "condition remains stable on his current pain medication of Vicodin 7.5-300mg that he takes four times a day." Objective findings included normal strength, sensation and reflexes in the upper and lower extremities and tenderness over the greater occipital nerve and the cervical paraspinal muscles. Per the medical records dated 5-05-2015 to 8-11-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications including Vicodin. On 5-05-2015 and 6-02-2015, documentation indicates a recommendation of a multidisciplinary pain management program for opiate reduction but this has not been approved. Work status was not documented. The plan of care on 8-11-2015 included continuation of current medications and authorization was requested for Vicodin 7.5-300mg #90. On 9-02-2015, Utilization Review non-certified the request for Vicodin 7.5-300mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 7.5/300mg, #90 with 0 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. The request for vicodin is not medically necessary or substantiated in the records.