

<b>Case Number:</b>	CM15-0196635		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	06/03/1998
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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:

This is a 59 year old male who sustained a work-related injury on 6-3-98. Medical record documentation on 8-10-15 revealed the injured worker was being treated for low back pain. He reported low back pain in the mid and lower lumbar spine with radiation of pain to the anterior and posterior thigh and bilateral feet. He had associated stiffness, paravertebral muscle spasm and bilateral leg radicular pain. Objective findings included somatic dysfunction of the musculoskeletal system "(T1-4 SR I with R. tenderness)" His medication regimen included AndroGel Pump, Gabapentin 600 mg, Ibuprofen 800 mg, Vicodin ES 7.5 mg-300 mg (since at least 4-15-15), and Viibryd 40 mg. Previous treatment included lumbar laminectomy in 2000 and osteopathic manipulative treatment (OMT). A request for Vicodin ES 7.5-300 mg #120 was received on 9-10-15. On 9-22-15, the Utilization Review physician modified Vicodin ES 7.5-300 mg #120 to #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin ES 7.5/300mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 1998. He underwent a lumbar laminectomy in October 2000. He continues to be treated for chronic back pain. When seen, he was having mid and lower lumbar spine pain with radiating symptoms into the anterior and posterior thigh and both feet. He had persistent stiffness with spasms and radicular pain. Physical examination findings included a body mass index of over 31. There was lumbar somatic dysfunction although this is referenced at T1-4. There was right-sided tenderness. An osteopathic manipulation was performed with positional release and HVLA techniques. Medications were refilled including Vicodin ES at a total MED (morphine equivalent dose) of 30 mg per day. Vicodin ES (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.