

<b>Case Number:</b>	CM15-0204595		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/26/2001
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 67 year female, who sustained an industrial injury on 2-26-01. The injured worker is diagnosed with multilevel lumbar spondylosis, chronic low back pain syndrome, lumbar degenerative disc disease, post bilateral L4-L5 micro-laminoforaminotomy and microdiscectomy and radiculopathy. Her disability status is permanent and stationary. Notes dated 7-24-15 and 9-21-15 reveals the injured worker presented with complaints of low back pain. She reports she is able to engage in activities of daily living and increase her activity with her medications. Physical examinations dated 6-26-15, 7-24-15 and 9-21-15 revealed loss of normal lumbar lordosis, restricted and painful range of motion, tenderness to palpation at the bilateral paravertebral muscles, bilateral tenderness and tight muscle band and spinous process tenderness on L3, L4 and L5. Treatment to date has included medications; Lidoderm patch, Zanaflex, Gabapentin, Vicodin (4-2015), Valium, and Ambien reduces her pain from 7 out of 10 to 4.5 out of 10 and work well per note dated 9-21-15; right sacroiliac joint injection, bilateral L4-L5 micro-laminoforaminotomy and microdiscectomy, bilateral L3 and L4 transforaminal epidural injection, right L3, L4 and L5 medial branch block. Diagnostic studies include urine toxicology screen dated 4-3-15 was inconsistent with prescribed medications, lumbar MRI revealed L2-L3, L3-L4, L4-L5 and L5-S1 facet arthropathy per physician note dated 9-21-15 and x-rays. A request for authorization dated 9-28-15 for Vicodin 5-300 mg #30 is non-certified, per Utilization Review letter dated 10-6-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin Tab 5/300mg #30 supply: 30 days: 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:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 7/10 to a 4.5/10 There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.