

<b>Case Number:</b>	CM15-0216252		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	11/20/1997
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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, California

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:

This is a 64 year old female patient, who sustained an industrial injury on November 20, 1997. The diagnoses include spondylosis of the lumbar region, impingement syndrome of the left shoulder, intervertebral disc displacement of the lumbar spine with disc bulge at lumbar two to three, lumbar three to four, and lumbar four to five per magnetic resonance imaging, strain of the low back muscle, fascia, and tendons, sprain of the ligaments of the lumbar spine, myofascial pain syndrome, fibromyalgia, and status post cervical spine fusion. Per the progress note dated October 14, 2015, she had complaints of pain to the neck and the left shoulder with tightness and spasm along with pain to the low back that radiates to the left leg and occasionally to the right leg, along with weakness to the left leg. She had pain rated a 7 out of 10 with the use of the medication regimen and pain at an 8 to 9 out of 10 without the use of medication regimen. She noted improvement in her activities of daily living, along with an increase in the ability to grip, lift, reach, sit, stand, and walk with the use of her medication regimen. Examination performed on October 14, 2015 revealed a decreased grip strength to the left hand, a slow, antalgic gait, tenderness to the right paracervical muscles and the left trapezius muscles, decreased range of motion to the cervical spine, tenderness to the lumbar paraspinal muscles and the mid line lower lumbar spine, decreased range of motion to the lumbar spine, positive straight leg raises on the left leg in seated position, and tenderness to the anterior capsule and the acromioclavicular joint to the left shoulder. The medications list includes Vicodin (since at least May 05, 2015), Tramadol, Flexeril, limbrel, prilosec, lidoderm patch and Lyrica. She has undergone cervical spine fusion. Treatment and diagnostic studies to date has included

medication regimen, laboratory studies, magnetic resonance imaging of the lumbar spine on August 18, 2014. On October 14, 2015, the treating physician requested Vicodin 5-300mg with a quantity of 57 noting current use of this medication was noted to have been decreased from the prior month. On October 27, 2015, the Utilization Review determined the request for Vicodin 5-300mg with a quantity of 57 to be modified.

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

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

#### **1 prescription of Vicodin 5/300mg #57: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list, Weaning of Medications.

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

**Decision rationale:** 1 prescription of Vicodin 5/300mg #57. Vicodin contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Other criteria for ongoing management of opioids are "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Per the records provided, the patient had pain to the neck and the left shoulder with tightness and spasm along with pain to the low back that radiates to the left leg and occasionally to the right leg, along with weakness to the left leg. She had pain rated a 7 out of 10 with the use of the medication regimen and pain at an 8 to 9 out of 10 without the use of medication regimen. She noted improvement in her activities of daily living, along with an increase in the ability to grip, lift, reach, sit, stand, and walk with the use of her medication regimen. She has objective findings on the physical examination- a decreased grip strength to the left hand, a slow, antalgic gait, tenderness to the right paracervical muscles and the left trapezius muscles, decreased range of motion to the cervical spine, tenderness to the lumbar paraspinal muscles and the mid line lower lumbar spine, decreased range of motion to the lumbar spine, positive straight leg raises on the left leg in seated position, and tenderness to the anterior capsule and the acromioclavicular joint to the left shoulder. She has history of cervical spine fusion. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Patient has also tried non-opioid medications including Lyrica and Flexeril. This is a request for a low dose opioid medication in a small quantity. The request for 1 prescription of Vicodin 5/300mg #57 is medically necessary and appropriate for this patient to use as prn during acute exacerbations.