

<b>Case Number:</b>	CM15-0042629		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	07/13/2000
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 62-year-old female who sustained a work related injury July 13, 2000. According to a primary treating physician's progress report, dated January 23, 2015, the injured worker presented with complaints of pain in the neck with radicular symptoms into the right and left arm. The symptoms are aggravated with lifting, according to the injured worker. Objective findings include cervical range of motion; forward flexion 50 degrees, extension 50 degrees, rotation right and left 65 degrees and lateral bending right and left 30 degrees and weight 360 pounds. Foraminal compression and Spurling's tests are positive. Diagnoses included right total knee arthroplasty September, 2008; cervical herniated disc with radiculitis/radiculopathy; anxiety/depression symptoms; uterine cancer treated November, 2013 and insomnia. Treatment plan included prescribed physical therapy and medication refills of Vicodin and Motrin. A referral for Specialist Consultation is pending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Vicodin 7.5/300mg #120 (DOS: 1/23/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The records indicate that the patient have failed treatment with non opioid medications. There is documentation of exacerbation of symptoms that is awaiting evaluation by a specialist for interventional pain procedures and surgical treatment options. There is documentation of efficacy and compliance with opioid utilization. The patient did not report any adverse effect. The criteria for Vicodin 7.5/300mg #120 DOS 1/23/2015 was not met, thus, the request is not medically necessary.