

<b>Case Number:</b>	CM15-0052615		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	11/21/2002
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67-year-old female, who sustained an industrial injury on November 21, 2002. The injured worker had reported low back pain. The diagnoses have included lumbar spondylosis, sacroiliac joint sprain/strain and chronic low back pain. Treatment has included medications, physical therapy and chronic pain management. Current documentation dated February 16, 2015 notes that the injured worker complained of chronic back pain. The injured worker reported occasional stabbing pain with no radiation. The pain was noted to be moderate to severe with profound limitations. No Physical examination was provided. The documentation notes that the injured workers medications were helping with the pain. The treating physician's plan of care included a request for the medication Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on November 21, 2002.. The medical records provided indicate the diagnosis of lumbar spondylosis, sacroiliac joint sprain/strain and chronic low back pain. Treatment has included medications, physical therapy and chronic pain management. The medical records provided for review do not indicate a medical necessity for Vicodin 5/300mg #30. The records indicate the injured worker has been taking this medication since 09/2014 without documented evidence of improvement. There was no documentation of physical examination. The MTUS does not recommend the use of opioids for more than 70 days for treatment of chronic pain due to worsening side effects and lack of research supporting efficacy beyond this period. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no overall improvement in pain and function. Therefore, the request for Vicodin 5/300mg #30 is not medically necessary.