

<b>Case Number:</b>	CM15-0054179		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	11/14/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old female who sustained an industrial injury on 11/14/2010. Diagnoses include cervical spine radiculitis, lumbar spine radiculitis and rule out lumbar spine disc injury. Treatment to date has included diagnostics, medications, left rotator cuff repair, and physical therapy. A physician progress note dated 02/23/2015 documents the injured worker complains of neck and left wrist pain. There is some swelling present in the hand. The injured worker has severe constant pain radiating in the left leg. Pain is rated a 9 out of 10. The treatment plan is to continue medications. Treatment requested is for Vicodin 7.5/300mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 7.5/300mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The attending physician report dated 2/23/15 indicates the patient has neck pain, left wrist pain, and constant pain radiating into the left leg. The current request is for Vicodin 7.5/300mg #90. The CA MTUS Guidelines do recommend continued use of opiate medication when treating moderate to severe pain. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. The available records fulfill 3 of the 4 A's but the progress report specifically states the patient's function is declining even with the use of opioids. The available documentation does not establish medical necessity. As such, my recommendation is for denial as the treatment is not medically necessary.