

<b>Case Number:</b>	CM15-0055160		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/11/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/09/2015
<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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old male who sustained an industrial injury on 6/11/08. The mechanism of injury was unclear. He currently complains of right shoulder, elbow and wrist pain. He also has neck pain. He uses a walking cane. Medications are Vicodin, Lidoderm patch, Voltaren gel. Diagnoses include diabetes; chronic cervical pain; chronic right shoulder sprain with distal supraspinatus tendinosis and acromioclavicular joint degenerative changes; chronic thoracic myofascial pain; chronic right temporomandibular joint syndrome; chronic right inguinal pain; chronic headaches due to chronic temporomandibular joint syndrome; chronic right wrist sprain; chronic epicondylitis and right medial epicondylitis with olecranon tenderness and chronic low back pain. Treatments to date include medications, physical therapy. Diagnostics include cervical MRI (3/4/10) normal; MRI lumbar spine (5/27/14) abnormal. In the progress note dated 11/10/ 14 the treating provider's plan of care include refilling Vicodin with no refills. The provider indicates pain relief and improved function with this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These 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. Vicodin is a short acting opioid recommended for a short period of time in case of a breakthrough pain or in combination with long acting medications in case of chronic pain. There is no clear evidence of a breakthrough of pain. There is no documentation of pain and functional improvement with previous use of Narcotics. Therefore, the request for Vicodin 5/300mg #120 is not medically necessary.