

<b>Case Number:</b>	CM15-0059008		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	12/23/2010
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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

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 64 year old male, who sustained an industrial injury on 12/23/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic cervical spine sprain with myofascial component, non-verified radiculopathy on the right cervical eight dermatome, cervical spondylosis, left shoulder impingement syndrome with possible rotator cuff tear, chronic lumbar spine sprain, radiculopathy of the right lumbar five to sacral one dermatome, lumbar spondylosis, disc bulge at lumbar five to sacral one, chronic left hip strain, and synovial cyst at lumbar four to lumbar five. Treatment to date has included medication regimen, home exercise program, and use of a cane. In a progress note dated 03/10/2015 the treating physician reports complaints of continued constant severe pain to the back, legs, neck, and left hip along with persistent pain to the left shoulder and an increase in headaches. The pain to the above listed areas is rated an eight out of ten. The injured worker also notes that his legs feel unstable and has given out on him on multiple occasions. The treating physician requested the medications of Vicodin and Tylenol #3 noting that the injured worker utilizes these medications for symptomatic relief of pain and notes that the stronger pain medication is utilized for occasional breakthrough pain and that the Vicodin offers most of the relief than all of the other medications used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5-300MG #30 1 PO Q 6-8H:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with neck pain radiating to the left shoulder and down to just above the left elbow, with tingling and numbness, and low back pain radiating to the left hip and into the left lower extremity to just above the left knee, with tingling and numbness. The request is for Vicodin 5-300 mg # 30 1 PO Q6-8H. Physical examination to the cervical spine on 02/26/15 revealed tenderness to palpation to the spinous process at C4 through C7 and the cervical paravertebrals. There was tenderness and spasm in the upper trapezii and the sternocleidomastoid musculatures. Range of motion was decreased in all planes. Physical examination to the lumbar spine revealed tenderness to palpation to the spinous processes at L1 through S1 and the paravertebral muscles. There was tenderness to palpation in the gluteal and piriform muscles of the lumbar spine. Patient's gait was antalgic and used a one point cane for ambulation. Straight leg raising test was positive bilaterally. Patient's treatments have included medications, a TENS unit and home exercise program. Per 01/08/15 progress report, patient's diagnosis includes chronic c/spine sprain, radiculopathy L5-S1 dermatomes, and 9 mm disc bulge osteophyte. Patient's medications, per 02/26/15 progress report include Vicodin, Tylenol # 3, Naproxen, and Tramadol. Patient is retired. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treater does not discuss this request. The patient received prescriptions for Vicodin on 06/05/14 and 09/04/14. In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Vicodin. There are no numerical scales or validated instruments to address analgesia; no opioid pain agreement. or CURES reports addressing aberrant behavior; no discussions with specific ADL's, etc. UDS results dated 06/05/14 were positive for Hydrocodone, Hydromorphone and Tramadol. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary. In this case, treater has not discussed how Vicodin decreases pain and significantly improves patient's activities of daily living. There are no discussions with specific adverse effects, ADL's, etc. No CURES or opioid pain contract were provided either. UDS results dated 06/05/14 were positive for Hydrocodone, Hydromorphone and Tramadol. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**TYLENOL #3 #60 1 PO Q 6-8H:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with neck pain radiating to the left shoulder and down to just above the left elbow, with tingling and numbness, and low back pain radiating to the left hip and into the left lower extremity to just above the left knee, with tingling and numbness. The request is for TYLENOL # 3 # 60 1 PO Q6-8H. Physical examination to the cervical spine on 02/26/15 revealed tenderness to palpation to the spinous process at C4 through C7 and the cervical paravertebrals. There was tenderness and spasm in the upper trapezii and the sternocleidomastoid musculatures. Range of motion was decreased in all planes. Physical examination to the lumbar spine revealed tenderness to palpation to the spinous processes at L1 through S1 and the paravertebral muscles. There was tenderness to palpation in the gluteal and pisiform muscles of the lumbar spine. Patient's gait was antalgic and used a one point cane for ambulation. Straight leg raising test was positive bilaterally. Patient's treatments have included medications, a TENS unit and home exercise proram. Per 01/08/15 progress report, patient's diagnosis include chronic c/spine sprain, radiculopathy L5-S1 dermatomes, and 9 mm disc bulge osteophyte. Patient's medications, per 02/26/15 progress report include Vicodin, Tylenol # 3, Naproxen, and Tramadol. Patient is retired. MTUS Guidelines pages 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's -analgesia, ADLs, adverse side effects, and adverse behavior- as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The treater has not discussed this request. In this case, treater has not discussed how Tylenol #3 decreases pain and significantly improves patient's activities of daily living. There are no discussions with specific adverse effects, ADL's, etc. No CURES or opioid pain contract were provided either. UDS results dated 06/05/14 were positive for Hydrocodone, Hydromorphone and Tramadol. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.