

<b>Case Number:</b>	CM15-0059207		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	06/03/2003
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/19/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 62-year-old male who sustained an industrial injury on 6/3/2003. His diagnoses, and/or impressions, include cervical pain, cervical radiculopathy, and status-post cervical laminectomy syndrome; headache and facial pain; and dizziness and giddiness. No current magnetic resonance imaging, or diagnostic, studies are noted. His treatments have included cervical fusion surgery (1/3/06); implantation of a bone growth stimulator: fascial surgery for fracture, with hardware (1/2003), followed by facial hardware removal surgery (4/13/05); and medication management. The progress notes of 3/2/2015 reports moderate neck and bilateral upper extremity pain, improved by as-needed pain medication. Also noted is no other therapies are being tried, his quality of sleep is fair, and that his activity level is unchanged. The physician's requests for treatments included Vicodin and Ultram for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Vicodin 5/300mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation is not clear on why the patient requires two short acting narcotics. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued Vicodin is not medically necessary.

**Ultram 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Ultram 50mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation is not clear on why the patient requires two short acting narcotics. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued Ultram is not medically necessary.