

<b>Case Number:</b>	CM15-0084327		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59-year-old female, who sustained an industrial injury on 07/01/2011. She sustained an acute lumbar injury, disc herniation (L4-5 and L5-S1). Treatment to date has included medications, MRI, back surgery, epidural injections and physical therapy. According to a progress report dated 04/04/2015, the injured worker complained of lumbar and bilateral lower extremity pain. Pain was rated 7 on a scale of 1-10. Medication regimen included Vicodin, Gabapentin, Prozac and Cymbalta. A request for Aqua therapy was recently approved. Diagnoses included acute and chronic lumbar pain, bilateral lower extremity radiculopathy, degenerative disc disease and morbid obesity. The prescription for Vicodin 10/325mg #120 was renewed. Currently under review is the request for Vicodin 10/325mg #120. The utilization of NSAIDs-Diclofenac was associated with gastrointestinal upset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain when standard treatments with non-opioid analgesics and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with psychiatric and sedative medications. The records did not show documentation of guidelines mandated compliance monitoring serial UDS, CURES data reports, absence of aberrant behavior and functional restoration. The criteria for the use of Vicodin 10/325mg #120 was not met. Therefore, the request is not medically necessary.