

<b>Case Number:</b>	CM15-0086999		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Preventive Medicine, Occupational 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:

This 52 year old male sustained an industrial injury on 3/15/13. He subsequently reported right shoulder pain. Diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, impingement syndrome of the right shoulder and chronic pain syndrome. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience back, right shoulder and right elbow pain as well as left shoulder pain. On examination, back spasms and muscle stiffness, weakness in the right shoulder and elbow with overhead reaching and tenderness across the low back and paraspinal muscles bilaterally was noted. A request for Vicodin medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoden 5 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Vicoden, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Vicoden 5 mg #30 is not medically necessary.