

<b>Case Number:</b>	CM14-0116004		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a patient with a date of injury of July 18, 2011. A utilization review determination dated July 10, 2014 recommends non-certification of Vicodin. A urine drug screen performed on March 7, 2014 is positive for Hydrocodone. A urine drug screen performed on January 8, 2014 is positive for Hydrocodone. A progress report dated June 25, 2014 identifies subjective complaints including low back pain radiating down both legs. The note indicates that the "medications are working well. No side effects reported. The patient notes that the "Vicodin is helpful to reduce his pain allows him to continue do daily activity." Physical examination findings identify restricted lumbar range of motion with negative facet loading and tenderness over the coccyx. There is reduced strength and sensation in the lower extremities. The diagnoses include disorders of the coccyx, pain in the limb, pain in the joint in the lower leg, and sciatica pain. The treatment plan states that Vicodin is helpful to reduce pain and allow him to continue daily activity. A urine drug screen is requested, and a note indicates that a CURES report is appropriate. The note indicates that the pain agreement was reviewed with the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5-300 mg tablet; 1 tab two times a day QTY: 60 Refill: 1:** Overturned

**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 Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Vicodin (Hydrocodone/Acetaminophen), MTUS California Pain Medical Treatment Guidelines state that Vicodin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that Vicodin is improving the patient's pain and function, urine drug screens have been consistent, there are no side effects, and an opiate agreement is in place. It is acknowledged, that the pain relief and functional improvement are not well quantified. However, a 1-2 month prescription of Vicodin should allow the requesting physician time to better document those things to support the ongoing use of this medication. As such, the currently requested Vicodin is medically necessary.