

<b>Case Number:</b>	CM14-0139754		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic leg pain, knee pain, and low back pain reportedly associated with an industrial injury of June 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier open reduction and internal fixation of a hip fracture; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 6, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated May 4, 2014, the applicant was declared permanent and stationary from a mental health perspective. It is not clearly stated whether the applicant was working or not. In a February 12, 2014 Medical-legal Evaluation, it was noted that the applicant had been off of work since his industrial motor vehicle accident in June 13, 2012. In a July 29, 2014 progress note, the applicant reported ongoing complaints of low back, left hip, left knee, and left hand pain. The applicant presented to obtain a refill of Vicodin, which the applicant was using along with baclofen. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. There was no explicit discussion of medication efficacy. In a June 3, 2014 progress note, the applicant again reported ongoing complaints of low back, left hip, left thigh, and left knee pain. The applicant was again given refills of Vicodin and baclofen. Work, once again, endorsed, although it was noted that the applicant was not working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5mg PO Q6H #120 No Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of medication; regarding: Opioids for chronic pai.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has apparently not worked since the date of injury, several Medical-legal evaluators noted in mid to late 2014. The applicants current treating provider, furthermore, has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Vicodin usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.