MAXIMUS Federal Services

| Case Number: | CM14-0149572 | | |
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| Date Assigned: | 09/18/2014 | Date of Injury: | 09/30/2006 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

## 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 61-year-old with a reported date of injury of 09/30/2006. The patient has the diagnoses of urological problems NOS, ophthalmologic problems NOS, hypertension and groin impairment. Per the most recent progress notes provided for review by the treating physician dated 08/12/2014, the patient had complaints of on going groin pain. The physical exam noted no abnormalities. The treatment recommendations included continuation of medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodine ES 7.5/325 #120 with 3 refills:** 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 opioids Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management:On-Going Management. Actions Should Include:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from asingle pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate

medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensityof pain after taking the opioid; how long it takes for pain relief; and how long pain relieflasts. Satisfactory response to treatment may be indicated by the patient's decreased pain,increased level of function, or improved quality of life. Information from family membersor other caregivers should be considered in determining the patient's response totreatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as mostrelevant for ongoing monitoring of chronic pain patients on opioids: pain relief, sideeffects, physical and psychosocial functioning, and the occurrence of any potentiallyaberrant (or nonadherent) drug-related behaviors. These domains have been summarizedas the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeuticdecisions and provide a framework for documentation of the clinical use of thesecontrolled drugs. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested tokeep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dosepain. It should be emphasized that using this diary will help in tailoring the opioid dose.This should not be a requirement for pain management.(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poorpain control.(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drugescalation, drug diversion).(g) Continuing review of overall situation with regard to nonopioid means of paincontrol.(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioidsare required beyond what is usually required for the condition or pain does not improveon opioids in 3 months. Consider a psych consult if there is evidence of depression,anxiety or irritability. Consider an addiction medicine consult if there is evidence ofsubstance misuse.When to Continue Opioids(a) If the patient has returned to work(b) If the patient has improved functioning and pain(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. The most recent progress reports do not indicate the patient has returned to work. There is also no documentation of significant improvement in VAS scores with the pain medication. There is also no documented evidence of improvement in function with the medications. Therefore criteria for the ongoing and continued use of the medication have not been met. The request is not medically necessary.