

<b>Case Number:</b>	CM15-0011039		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 47 year old female who sustained an industrial related injury on 6/11/13 after being hit on the back with a 100 pound generator. The injured worker had complaints of neck pain that radiated to the arm, back pain, and leg pain that radiated to the right buttock. Pain and numbness to the foot, numbness to the middle of the lumbar region, right leg weakness, and right arm weakness was also noted. Treatment included physiotherapy. Diagnoses included lumbar degenerative disc disease/disc bulges and mild thoracic degenerative disk disease/ disk bulges. The physician noted the injured worker had moderate-severe pain and recommended Vicodin. The treating physician requested authorization for Vicodin tab-Hydrocodone Bitartrate Acetaminophen. On 1/8/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation of efficacy with Norco and the injured worker had a pain score of 7 out of 10; an indication of minimal efficacy as far as improved pain and functionality. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300, #60 tab-Hydrocodone bitartrate acetaminophen, usp:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioid Classifications: Short-acting/Long-acting opioids,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The request is considered not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what her pain was like previously. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There was no drug contract documented. There are no clear plans for future weaning, or goals of care. It is also only efficacious short-term for chronic back pain. Because of these reasons, the request for vicodin is considered medically unnecessary.