

<b>Case Number:</b>	CM15-0110741		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	05/18/2003
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 67 year old female, who sustained an industrial injury on May 18, 2003. Treatment to date has included medications. Currently, the injured worker complains of severe low back pain. She reports that she is unable to eat and is losing weight. She gets temporary relief from her pain with medications. On physical examination the injured worker has spasm and tenderness to palpation. She has a decreased range of motion of the lumbar spine and a bilateral straight leg raise test. The diagnoses associated with the request include cervical herniated nucleus pulposus and lumbar herniated nucleus pulposus. The treatment plan includes spine specialist consultation, Vicodin and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 7.5/300mg #150:** 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicodin 7.5/300 mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical H&P; and lumbar HNP. The date of injury is May 18, 2003. The request for authorization is dated May 14, 2015. A progress note dated January 26, 2015 subjectively states the injured worker has pain, tightness, discomfort, but no specific location (neck or back) is specified. Objectively, there is spasm and tenderness present. Medications include Vicodin, Soma and Butrans. According to a June 10, 2015 progress note, the injured worker subjectively complains of severe low back pain. Objectively, there is spasm and tenderness. The documentation does not demonstrate objective functional improvement with ongoing Vicodin. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no attempt at weaning Vicodin in the medical record. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Vicodin, detail pain assessments and risk assessments with attempted weaning, Vicodin 7.5/300 mg #150 is not medically necessary.