

<b>Case Number:</b>	CM15-0111641		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/11/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old, who has filed a claim for chronic neck, shoulder, arm, and low back pain reportedly associated with an industrial injury of July 20, 2011. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for Vicodin. The claims administrator referenced a May 1, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 1, 2015, the applicant reported ongoing complaints of neck pain with associated panic attacks, both of which were continuing in an "unabated" fashion, the treating provider reported. 10/10 pain without medications versus 6/10 with medications was noted. The applicant was on Vicodin, Motrin, Prilosec, Zofran, and Zocor, it was stated. The applicant was obese, with a BMI of 35. The applicant did appear visibly anxious. Vicodin was endorsed while the applicant was placed off of work, on total temporary disability. The applicant was asked to try and get her panic attacks under better control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Vicodin, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As note 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 functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date in question, May 1, 2015. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 6/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.