

<b>Case Number:</b>	CM15-0120866		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	02/17/2006
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 York  
 Certification(s)/Specialty: Anesthesiology

### 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 55 year old male, who sustained an industrial injury on February 17, 2006. He reported injuring his back while carrying in gutters and loading them on a truck. The injured worker was diagnosed as having low back pain syndrome, mechanical, possibly discogenic low back pain with intermittent left lumbar radiculitis. Treatments and evaluations to date have included physical therapy, MRI, and medication. Currently, the injured worker complains of persistent back pain. The Primary Treating Physician's report dated June 4, 2015, noted the injured worker reported his medications, including the Vicodin were helping without problem. The injured worker was noted to also be taking Ibuprofen, Omeprazole, and Ultram. The Physician noted the injured worker was sometimes taking the Vicodin at 4 per day rather than the recommended 2 to 3 times per day. Physical examination was noted to show tenderness to palpation along the lumbar paraspinal muscles, ileolumbar, and sacroiliac regions. Trigger points were identified with lumbar range of motion (ROM) 75% of normal. The treatment plan was noted to include Vicodin, Ibuprofen, and an independent exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Vicodin 5/300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS and ODG, Vicodin 7.5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Ongoing management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. The Physician report dated May 7, 2015, noted the addition of Vicodin and Ibuprofen for the injured worker's low back pain. On June 4, 2015, the Physician recommended the injured worker minimize his use of the Vicodin to keep it at 2 to 3 per day as opposed to the injured worker sometimes taking 4 per day. The guidelines note that ongoing management should include The 4 A's for Ongoing Monitoring which includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, including uncontrolled drug escalation, such as the injured worker taking Vicodin up to 4 times a day rather than the 2 to 3 recommended by the physician. The documentation provided failed to include objective, measurable improvement in the injured worker's pain, function, or quality of life with the Vicodin, and there was no documentation of the level of the injured worker's current pain, the average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, or how long the pain lasts. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for 1 prescription of Vicodin 5/300mg #90. Therefore, the request is not medically necessary.