

<b>Case Number:</b>	CM15-0129187		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	11/14/2007
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Florida, 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:

This 53 year old male sustained an industrial injury on 11/14/07. The injured worker was diagnosed with cerebrovascular accident with intracerebral hemorrhage in the insular cortex of the right hemisphere. The injured worker had residual left sided paresthesia. Recent treatment consisted of medication management. In a PR-2 dated 6/17/15, the injured worker complained of pain, numbness, tightness and throbbing, rated 9/10 on the visual analog scale without medications. The injured worker reported that medications reduced his symptoms. The injured worker was retired. Physical exam was remarkable for moderate muscle spasms in the anterior and posterior head, left side and posterior side of the neck and bilateral temporomandibular joints. Current diagnoses included left sided paresthesia secondary to cerebrovascular accident, impaired speech with heavy left ear deficit and peripheral vision gone in both eyes. The treatment plan included a prescription for Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 7.5/300mg #90 prescription written (per PR2 take 1 every 8 hrs for pain): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use; Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured 8 years ago with an intracerebral hemorrhage in the insular cortex of the right hemisphere. There is a residual left sided paresthesia. As of June 2015, there is pain, numbness, tightness and throbbing, rated 9/10 on the visual analog scale without medications. Current diagnoses included left sided paresthesia secondary to cerebrovascular accident, impaired speech with heavy left ear deficit and peripheral vision gone in both eyes. Objective functional improvement out of the opiate usage is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued:(a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. Also, the cognitive effects of opiates on a stroke patient raises clinical concern. The request for the opiate usage is not medically necessary per MTUS guideline review.