

<b>Case Number:</b>	CM15-0073927		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/30/2003
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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

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 injured worker is a 51 year old female, who sustained an industrial injury on 04/30/2003. The injured worker is currently diagnosed as having cervical pain, cervical disc disorder, and low back pain. Treatment and diagnostics to date has included electromyography/nerve conduction studies, cervical epidural steroid injections, cervical spine MRI, physical therapy, aquatic therapy, right wrist splint, and medications. In a progress note dated 03/05/2015, the injured worker presented with complaints of neck pain. The treating physician reported requesting authorization for Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Vicodin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Vicodin 5/300mg #60 is not medically necessary.