

<b>Case Number:</b>	CM13-0040002		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old female who reported a work related injury on 10/01/2009. The patient had complaints of bilateral elbow and wrist pain. She continues to have bilateral medial epicondyle and 1st metacarpophalangeal (MCP) pain. The patient has bilateral wrist splints. The patient was noted to have osteoarthritis of the bilateral wrists and hands, and chronic epicondylitis of the elbows. A request was made for Vicodin 5/325 mg #30 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/325mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management, Page(s): 91,78.

**Decision rationale:** Recent clinical notes submitted for review stated the patient had full range of motion to her elbows with 3+/4 tenderness over the medial epicondyles and 2+/4 tenderness over the lateral. The patient's wrist has 3+/4 tenderness over the left proximal 1st metacarpal with a negative grind test. 2+/4 tenderness was noted over the right proximal 1st metacarpal. The patient was to continue current light duty prescription. The patient rated her pain as 6/10. She

stated she discontinued her NSAID use since it caused hypertension. California Chronic Pain Medical Treatment Guidelines indicate that hydrocodone/acetaminophen, or Vicodin, is indicated for moderate to moderately severe pain. The clinical records submitted for review did not give evidence the patient had any significant relief or functional improvements as a result of the use of Vicodin. The California Chronic Pain Medical Treatment Guidelines recommend the continued use of hydrocodone if there is functional improvement with medication use. Furthermore, guidelines indicate an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented for patients taking opioids for pain management. There was no documentation noting the patient's decreased pain, increased level of function, or improved quality of life due to the use of Vicodin. There was also no documentation noting any side effects of the medication or appropriate medication use. Given the above, the decision for Vicodin 5/325mg #30 with 1 refill is non-certified.