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| <b>Case Number:</b>   | CM13-0040948 |                              |            |
| <b>Date Assigned:</b> | 06/06/2014   | <b>Date of Injury:</b>       | 10/10/2005 |
| <b>Decision Date:</b> | 07/14/2014   | <b>UR Denial Date:</b>       | 09/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/30/2013 |

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/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 injured worker is a 55-year-old male who reported an injury on 10/10/2005 to left wrist due to continuous trauma. The injured worker had a carpal tunnel release procedure on 03/06/2006. On 10/10/2013, a follow-up visit was documented. Upon physical examination, documentation did not show that there was an assessment regarding the current pain or a visual analog scale (VAS), average pain, or intensity of pain. The injured worker stated he not been taken his Vicodin7.5 for over two (2) weeks. The request for authorization form was not submitted for review and the rationale for Vicodin 7.5mg for pain was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 7.5MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids Page(s): 75.

**Decision rationale:** The injured worker has not been taking the Vicodin 7.5 as prescribed. No documentation is noted of the injured worker's pain from last visit on 10/10/2013. The Chronic Pain Guidelines state that the criteria for on-going management of opioids include ongoing

review and documentation of pain relief, functional status appropriate medication use and side effects. The guideline states that the pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain intensity of pain after taking the opioid; how long it takes for the pain relief; how long pain relief lasts. The guidelines also state that four (4) domains have been proposed as most relevant for ongoing monitoring of chronic pain the injured worker on opioids; pain relief, side effect, physical and psychological functioning and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There was no quantified information regarding pain. There was no assessment regarding current pain on a visual analog scale (VAS), average pain intensity, or longevity of pain relief. In addition, the request does not include the quantity or frequency of the proposed medication. Given the request for Vicodin 7.5 is not supported by the guideline recommendations, the request for Vicodin 7.5mg is not medically necessary.