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| <b>Case Number:</b>   | CM13-0049764 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 08/22/2008 |
| <b>Decision Date:</b> | 06/11/2014   | <b>UR Denial Date:</b>       | 10/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/08/2013 |

### 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 General Surgery 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 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:

This is a claimant with a reported DOI of 8/22/2008. The biomechanics of the injury is not discussed in the materials provided. The claimant has been treated for carpal tunnel syndrome. The claimant has been afforded surgery and acupuncture. On 9/25/13, the claimant reported a new complaint of right shoulder pain and restriction of motion of flexion 160, abduction of 154 degrees, internal rotation of 45, and internal rotation of 70 degrees. For this he was prescribed Vicodin. There is a subsequent request for Vicodin 5/500 # 60, with refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN 5/500 MG #60 WITH THREE (3) REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS; AND OPIOIDS, SPECIFIC DRUG LIST, PAGES 91-94.

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

**Decision rationale:** CAMTUS Guidelines require that there be a specific treatment program such as consideration of alternative non-opioid analgesics, considered or attempted. Vicodin is recommended for moderate to moderately severe pain. There is no documentation as to the degree of pain experienced. The claimant has a recorded Urine Drug Test on 8/24/13 that reveals

no opioids in the urine. This is dismissed with a hand written explanation that that the claimant is taking the medication episodically. However the prescription is written for daily use implying that opioids are necessary for daily control of pain. This frequency of opioids is therefore not medically necessary. Therefore the request for Vicodin 5/500 #60 tablets with three refills is not certified.