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| Case Number: | CM13-0058761 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/06/2012 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 11/15/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 36 year old female who had a work-related injury on 8/6/12. The patient's diagnoses include synovitis, tenosynovitis, and a lesion of the radial nerve, which has resolved. She is status post left carpal tunnel release and de Quervain's release on 9/25/13. There is a 6/20/13 qualified medical evaluation that states that the patient has complaints of constant pain in her left forearm, wrist, and thumb. She also has complaints of pain in her right wrist and thumb. She describes the pain as sharp and shooting. Her symptoms involving her upper extremities are increased with gripping, grasping, lifting, pushing, and pulling. She has been seeing a pain management specialist and has been provided with Vicodin, which she takes on average of 3-4 times a day. The document states she has not worked since 10/29/12. A secondary treating physician's progress report dated 10/14/13 states that the patient is status post left carpal tunnel release and De Quervain's release on 9/25/13. It is noted that the claimant is having expected post-operative pain. The patient's pain medication has been stable; she is currently taking Vicodin. The patient reports great difficulty with the use of the upper extremities, and sustained right wrist tendinitis. It is noted that the pain has increased and the patient has been using a bit more of the pain medication. The patient denies any medication side effects and reports functional gains in assisting with the activities of daily living and restorative sleep. On physical exam, the patient is wearing a right wrist splint and thumb spica on the left upper extremity. There is no bilateral upper extremity edema. The cervical spine had full range of motion. The right and left upper extremity had normal tone and bulk. There was normal strength in the bilateral upper extremities, except that left wrist flexion and extension are 4/5, and right wrist flexion and extension 5/5. There is a positive Finkelstein's. There is full range of motion in the upper extremities. There is moderate tenderness at the right radial tunnel. There is decreased

sensation to light touch dorsal web space. The left hand is in surgical dressing and thumb spica and fingers move freely. The patient is now nearing three months since the prior surgery, and only uses Vicodin rarely.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Vicodin 7.5/750mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

Decision rationale: The MTUS guidelines state that opioids should be continued if patient has returned to work and has improved functioning and pain. The documentation submitted does not reveal that the patient has had significant functional improvement or decreased pain despite being on Vicodin since at least January 2013. There have been prior recommendations for discontinuing Vicodin on utilization reviews due to lack of functional benefits. The request for Vicodin is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 94;. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS guidelines state that frequent random urine toxicology screens can be used as a step to avoid misuse of opioids, particularly for those at high risk of abuse. The MTUS states that urine drug screens are also recommended as an option for assessing for the presence of illegal drugs. The claimant had a urine drug screen on 8/14/13; the result was consistent with prescribed medications, and lacked any signs of aberrant behavior. The Official Disability Guidelines state that patients at low risk of addiction/aberrant behavior should be tested within six months of the initiation of therapy, and on a yearly basis afterward. Patients at moderate risk should be screened 2-3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk may require testing as often as once a month. This patient is at low risk. The documentation of a compliant drug screen on 8/14/13 indicates that an additional screen on 11/15/13 is not medically necessary. As such, the request is noncertified.