

<b>Case Number:</b>	CM13-0067069		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/19/2002
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Orthopedic Surgery, 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 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:

Patient is a 50-year-old female with an industrial injury on 12/19/02. Notes demonstrate post left carpal tunnel release on 6/11/13 and right carpal tunnel release on 9/17/13. Pre-op evaluation on 9/5/13 demonstrated lab tests with complete blood count, comprehensive metabolic panel, chest x-rays with normal findings and an EKG. Exam notes from 9/27/13 demonstrate patient was doing fairly well and still complains of difficulties with her left hand. Exam revealed the sutures were in place and there was mild swelling, limited motion and no evidence of infection of her right hand and wrist. Request for Vicodin 5/500mg, #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Vicodin 5/500mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** Ongoing use of opioids according to the CA MTUS/Chronic Pain Medical Treatment Guidelines page 78 states: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000). In this case there is no documentation of response with Vicodin to functional improvement, pain relief and side effects to warrant ongoing use. Therefore the determination is for non-certification.