

<b>Case Number:</b>	CM14-0007235		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/26/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 37-year-old male who sustained an injury on October 26, 2012 when he was struck by an object and developed acute dorsal sided wrist pain following the injury. Prior treatment included open right carpal tunnel release followed by post-operative therapy. As of October 02, 2013 when [REDACTED] evaluated the injured worker, he was only utilizing Naprosyn. On physical examination there was persistent tenderness to palpation at the right wrist and forearm dorsally. No evidence for Complex Regional Pain Syndrome (CRPS) was present. Recommendations were for injection of right wrist, which was performed at this visit. [REDACTED] saw the injured worker on October 07, 2013. At this evaluation, the injured worker continued to report continuing right wrist pain with numbness and stiffness at the right thumb. On physical examination, the injured worker identified an anxious depressed and flat affect. No specific findings for the right wrist were identified. The injured worker was placed in a right wrist brace at this visit and instructed to follow up later in October. The injured worker was seen by [REDACTED] on October 09, 2013 and indicated that with the use of a wrist brace his symptoms had resolved indicated that the injured worker had benefits from the use of a wrist brace. The injured worker was currently working at full duty. Medications continued to include Naprosyn only. Physical examination findings continued to show tenderness to palpation at the right dorsal wrist. There was a recommendation for referral to a hand surgeon for second opinion. The injured worker returned on October 11, 2013 with [REDACTED]. No specific changes in symptoms or physical examination were noted. Follow up on November 06, 2013 continued to note persistent right wrist pain. Psychological presentation remained unchanged. The injured worker indicated his pain was at the right thenar imminence radiating all the way around the right wrist. There were continued recommendations for surgical inter surgical evaluation. The injured worker was seen by [REDACTED] on November 08, 2013. The injured worker indicated that he was

compliant at wearing a wrist splint at all times during the day but was not utilizing a wrist splint at night. At this evaluation, the injured worker was noted to be utilizing Vicodin. Pain scores were not provided. On physical examination, there was some mild tenderness at the ulnar fovea and with ulnar grind testing. MRI was recommended to evaluate the triangular fibrocartilage complex (TFCC) and extensor tendons. Magnetic Resonance Arthrogram (MRA) for the right wrist on November 27, 2013 identified no significant pathology. The injured worker returned to [REDACTED] on December 06, 2013 with persistent complaints of right wrist pain. Psychological presentation remained unchanged. There was again recommendation for the injured worker to see a hand surgeon. Follow up with [REDACTED] on December 10, 2013 indicated the injured worker had persistent right wrist pain that was worsened with any range of motion. There was constant swelling. The injured worker reported no improvement with Lyrica or Naprosyn. Physical examination continued to note tenderness to palpation of the dorsal right wrist. No evidence for CRPS was apparent. Recommendation was for evaluation by hand surgeon. The injured worker was recommended for further physical therapy in December 2013, for desensitization of the right wrist. Follow up with [REDACTED] on January 06, 2014 noted persistent pain in the right wrist. From the report, it appeared that the injured worker was seeing a psychologist. The injured worker was being prescribed Paxil. The report from [REDACTED] on January 15, 2014 indicated Vicodin was being prescribed to address persistent right wrist pain while the injured worker was attending physical therapy. There was a qualified medical evaluation from [REDACTED] on January 22, 2014; according to that report, the injured worker had continuing complaints of limited range of motion in the right wrist with previous physicians recommending the discontinuation of a splint. The injured worker was utilizing Vicodin for pain. On physical examination, there was moderate swelling about the right wrist with marked limited range of motion markedly limited range of motion. Grip strength was weak compared to left side. The Tinel sign and Phalen signs were negative. The recommendation was for possible further surgical intervention for the injured worker. Follow up with [REDACTED] on January 24, 2014 noted no specific changes in regards to right wrist pain. Vicodin was recommended to address pain secondary to physical therapy and decrease stress. The injured worker was referred back to a psychiatrist or psychologist for clinical for clinical depression. Hydrocodone 10/325mg #120 was denied by utilization review on January 10, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**HYDROCODONE/ACETAMINOPHEN 10-325 #120,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS HYPERALGESIA/WEANING OF MEDICATIONS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

**Decision rationale:** The clinical documentation submitted for review provides very limited evidence supporting functional benefit obtained with the continued use of short acting narcotics such as hydrocodone. According to guidelines, short acting narcotics are not recommended for long-term use unless there is evidence substantiating functional benefits obtained with the medication and pain relief. In this case, the injured worker was recommended for continuing use of narcotic medications to address pain secondary to physical therapy and to decrease stress. Overall, the pain scores remained stable without any significant functional improvement attributed to hydrocodone. There was no clinical documentation regarding any recent toxicology results or long term opioid risk assessments for compliance measures that would be

recommended given the long-term use of narcotic medications for this injured worker. As the clinical documentation submitted for review did not clearly identify any functional benefit or pain reduction obtained with the hydrocodone. Therefore, the request is not medically necessary.