

<b>Case Number:</b>	CM14-0093431		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 52-year-old female who reported an injury on 10/15/2007. The mechanism of injury was noted to be repetitive motion of the right hand, wrist, and elbow over the course of usual and customary duties. Her diagnoses were noted to be right arm pain, reflex sympathetic dystrophy of the upper limb, and ulnar neuropathy. Prior treatment was noted to be physical therapy and occupational therapy. The injured worker had surgery of carpal tunnel release. In addition, it was noted she had surgery of cubital tunnel release. The injured worker had subjective complaints of right arm pain. The objective physical exam findings include right wrist Tinel's sign positive. Phalen's test was positive on the right hand. Range of motion of the right wrist and elbow was intact. No crepitus was noted. There is pain with palpation of the right biceps tendon, anterior band, and lateral and medial epicondyle. She described it to be less sore but still tender. There was full range of motion on the right elbow and shoulder, but slight guarding and hesitation with active range of motion. Her medications were noted to be Vicodin and Flexeril. The treatment plan was to continue current medications. The rationale for the request was provided within the treatment plan. A Request for Authorization Form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #60 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management, page(s) 78 Page(s): 78.

**Decision rationale:** The request for Vicodin 5/300mg #60 3 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review fails to provide an adequate pain assessment. The pain assessment should include current pain; the least reported pain over the period since the 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. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Vicodin 5/300mg #60 3 refills is not medically necessary.

**Flexeril 10mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, page(s) 64 Page(s): 64.

**Decision rationale:** The request for Flexeril 10mg #90 with 3 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate Flexeril for a short course of therapy. It is a skeletal muscle relaxant and a central nervous system depressant with similar effects to a tricyclic antidepressant. The greatest effect of Flexeril appears to be in the first 4 days of treatment. The guidelines state this medication is not recommended to be used for longer than 2 weeks to 3 weeks. The injured worker has a history of Flexeril use noted to be at least since 12/17/2013. The provider's request fails to indicate a dosage frequency. As such, the requested Flexeril 10mg #90 with 3 refills is not medically necessary.