

<b>Case Number:</b>	CM14-0181863		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	09/27/2001
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 57-year-old female with injury date of 09/27/01. Based on the 09/02/14 progress report, the patient complains of left thumb, elbow, and constant right shoulder pain. Physical examination revealed tenderness to palpation at the base of palms, right elbow, and right shoulder. Based on the 08/05/14 report, patient states under subjective complaints that medications reduce patient's pain and patient is able to be out of bed doing chores. Patient has been taking Vicodin at least from progress report dated 08/05/14. No urine drug screenings were provided. Physician does not discuss reason for requesting Vicodin. Physician provided patient's employer's name which indicates patient's work status. Diagnosis 09/02/14- Osteoarthritis of the left thumb-Status post subacromial decompression-Bilateral CTR-Right lateral epicondylitisThe request is for VICODIN 5/300MG #90. The utilization review determination being challenged is dated 10/09/14. The rationale follows: does not show ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects....does not 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 take for pain relief; and how long pain relief lasts response to treatment is not documented by the patient's decreased pain, increased level of function, or improved quality of life. UDS and opioid contract are not documented. Modified to approve Vicodin 5-300mg #90 for the purpose of a trial to taper to a lower dose or to cessation if possible by decreasing dosage by 10% every 2-4 weeks. Treatment reports were provided from 08/05/14 to 09/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

**Decision rationale:** MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, while the Physician provides a general statement that medications reduce pain and undergo activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's. No urine toxicology is provided. Given the lack of documentation as required by MTUS, the request is not medically necessary.