

<b>Case Number:</b>	CM15-0141623		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 65 year old female sustained an industrial injury to bilateral elbows and wrists via repetitive trauma on 6-1-09. Recent treatment consisted of bracing, home exercise and medications. Documentation did not disclose magnetic resonance imaging or electrodiagnostic testing. In a PR-2 dated 3-4-15, the injured worker was prescribed Vicodin and Soma for ongoing bilateral wrist and elbow pain. In a PR-2 dated 6-26-15, the injured worker complained of bilateral elbow and wrist pain with swelling and pain on the anteromedial aspect of the left elbow. Physical exam was remarkable for a well-healed surgical scar about the lateral right elbow with swelling to both elbows and normal range of motion, bilateral wrists with tenderness to palpation, crepitus and pain upon range of motion with, decreased radial and ulnar deviation. The injured worker had 5 out of 5 bilateral upper extremity motor strength, normal sensation to all dermatomes and intact deep tendon reflexes. Current diagnoses included bilateral elbow tendinitis and bilateral wrist osteoarthritis. The treatment plan included magnetic resonance imaging left elbow, continuing home exercise and medications (Relafen, Soma and Vicodin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5-300mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Vicodin (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Vicodin (hydrocodone/acetaminophen) is not medically necessary.