

<b>Case Number:</b>	CM15-0164920		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Massachusetts

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:

The injured worker is a 51-year-old female who sustained an industrial injury on March 19, 2012. A primary treating office visit dated July 14, 2015 reported subjective complaint of left elbow pain. There is also associated numbness tingling radiating down the left ring finger and little fingers. She receives the following medications from another provider: Vicodin, Topamax, and Motrin. The following diagnoses were applied: status post left scaphoid fracture; status post left carpal tunnel release; status post left ulnar nerve release; writer's cramp, left hand, and status post left radial decompression, left carpal tunnel release, left wrist arthroscopy, and left ulnar nerve decompression November 2013. The plan of care noted referral to an upper extremity specialist; continue pain management treatment and follow up and return in four weeks. A secondary treating follow up dated June 25, 2015 reported she is paying out of pocket for Topamax. There is possibility for surgery. Current medications included: ibuprofen, Topamax, Vicodin, and Levothyroxine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #45:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in March 2012 and underwent a left radial tunnel decompression, left ulnar nerve decompression, and arthroscopic left carpal tunnel release in November 2013. She continues to be treated for left elbow and hand pain. Medications are referenced as decreasing pain from 9/10 to 6/10 and as providing pain relief within 30 minutes and lasting up to 6-7 hours and allowing for activities of daily living and a longer sustained activity tolerance. When seen, physical examination findings included a BMI of over 30. There were multiple left upper extremity healed surgical incisions. Ibuprofen, Topamax, and Vicodin were prescribed. Vicodin was being taken intermittently. Urine drug screening in June 2015 had been negative for prescribed medications. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Medications are providing decreased pain with improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Urine drug screening results would be consistent with occasional medication use as reported by the claimant. Continued prescribing was medically necessary.