

<b>Case Number:</b>	CM15-0198767		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 was a 47 year old male, who sustained an industrial injury, March 24, 2010. The injured worker was undergoing treatment for radial nerve lesion, status post radial nerve decompression, right carpal tunnel syndrome and localized secondary osteoarthritis of the right upper arm. According to the progress noted of August 24, 2015, the injured workers chief complaint was right elbow and right arm pain. The injured worker rated the pain at 5 out of 10. The chronic pain assessment noted the injured worker was experiencing a reduction in pain with functional improvement. The injured worker reported no side effects and was complying with the controlled substance agreement and there were no signs of medication abuse or diversion. The treating physician suggested the injured worker was to taper down to 3 Norco a day and call in 7- 10 days to modify and adjust dose. The injured worker was released to return to work full time without restrictions at this visit. According to progress note of September 9, 2015, the injured worker's chief complaint was right elbow and right arm pain. The injured worker rated the pain 3 out of 10. The injured worker reported the pain medication was working. The injured worker previously received the following treatments Vicodin for pain, Medical Marijuana, regular exercises, 24 sessions of physical therapy, trigger finger injections and radial tunnel release on April 10, 2015. The RFA (request for authorization) dated August 24, 2015, the following treatments were requested a prescription for Vicodin 10-300mg #120, one pill by mouth 3-4 times daily as needed for chronic pain. The UR (utilization review board) denied certification on September 17, 2015; for a prescription for Vicodin 10-300mg #120 and modified the prescription to 90#.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 10/300 #120, take one po tid-qid prn for chronic pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 7/10 to a 3/10. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.