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| <b>Case Number:</b>   | CM15-0047012 |                              |            |
| <b>Date Assigned:</b> | 03/19/2015   | <b>Date of Injury:</b>       | 12/03/2002 |
| <b>Decision Date:</b> | 04/24/2015   | <b>UR Denial Date:</b>       | 02/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/12/2015 |

### 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: 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 is a 60-year-old female, who sustained a work/industrial injury on 12/3/02. She has reported initial symptoms of bilateral shoulder pain, bilateral elbow pain, and bilateral wrist pain with hand numbness and tingling. The injured worker was diagnosed as having carpal tunnel syndrome, lesion of ulnar nerve. Treatments to date included braces, medications, chiropractor, and injections. Magnetic Resonance Imaging (MRI) reported biceps tendon inflammation, tendinosis, acromioclavicular joint wear, thickening along the median nerve bilaterally. Currently, the injured worker complains of pain in the right shoulder, right wrist, thumb, and carpal tunnel area. At the elbow, the pain shoots down the arm with numbness and tingling. Vicodin was effective for pain management. The physician's report from 1/28/15 per examination revealed tenderness along the right wrist, shoulder abduction to no more than 90 degrees, and 120 degrees on the left shoulder, positive impingement and Hawkin's sign on the right shoulder and weakness against resistance. Medications included Effexor, Protonix, Terocin patches, Nalfon, and Vicodin. Treatment plan included Vicodin refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** According to the MTUS guidelines, the long-term use of opioids is not supported. The MTUS guidelines note that chronic use of opioids leads to dependence and tolerance. In this case, the injured worker has been prescribed opioids for an extended period of time and there is no evidence of significant improvement in pain or function to support the continued use of opioids. Abrupt discontinuation of opioids is not recommended, and the medical records indicate that modification has been rendered on Utilization Review to allow for weaning. The request for Vicodin 5/300mg #60 is therefore not medically necessary.