

<b>Case Number:</b>	CM13-0034243		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/31/2001
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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 64-year-old male who reported an injury to his right wrist on 08/31/2001, mechanism of injury is not stated. The patient is noted to be diagnosed with status post right trigger finger release, right wrist extension tendonitis. The patient is noted to have undergone previous surgeries in 2001 and the patient is noted recently to have completed a course of physical therapy. A clinical note dated 01/20/2013 reported the patient complained of constant right wrist pain with cold weather. He is noted to have completed 12 sessions of physical therapy. He was referred to physical therapy and at that time he had completed 3 visits with some improvement. He stated he was getting his medications which decreased his pain from 8/10 to 4/10. On physical examination, he had decreased range of motion of the fingers by 50%, right finger tenderness in the palm and impaired range of motion of the right wrist. The patient is noted to have received extensive physical therapy throughout 2013 and a clinical note dated 09/19/2013 reported the patient stated he complained of painful and stiff wrist. His symptoms were stable. He had ongoing thumb pain. He had crepitation and tenderness of the wrist. The patient has been purchasing Vicodin and using it up to 3 times per day. 

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Vicodin 5/300mg #120 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The patient is a 64-year-old male who reported an injury to his right wrist and hand on 08/31/2001. He is reported to have ongoing complaints of right hand pain and weakness. He is noted to have undergone surgeries to the hand in 2000 and 2001 and to have completed extensive physical therapy recently with ongoing complaints of wrist and hand pain. The California MTUS Guidelines state that ongoing management of patients receiving opioid and narcotics should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes it for pain relief, how long pain relief lasts, and notes that satisfactory response to treatment may be indicated by decreased pain, increase level in function, or improved quality of life. The patient is noted to have been utilizing Vicodin for a long period of time. Although he is reported to have decreased pain with use of his medication, there is no indication that the patient has improved functional status. There is no documentation that the patient had been assessed for appropriate medication use or side effects and as such, the requested Vicodin does not meet guideline recommendations. Based on the above, the request for 1 prescription of Vicodin 5/300 mg #120 with 3 refills is non-certified.