

<b>Case Number:</b>	CM14-0214353		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Texas, 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:

This is a 49 years old female patient who sustained an injury on 8/18/2009. The current diagnoses include status post left carpal tunnel release and left lateral release for de Quervain's tenosynovitis, persistent right wrist and hand pain and left ulnar neuropathy. Per the doctor's note dated 12/22/2014, she had electrodiagnostic studies which showed left mild carpal tunnel syndrome and left cubital tunnel syndrome. The physical examination revealed decreased grip strength in left hand, decreased sensation in left C6-7 dermatomes, positive Tinel's and median compression test 40 seconds. The medications list includes vicodin. She has had EMG/NCS dated 12/21/2010; EMG/NCS dated 12/22/2014 which revealed left mild carpal tunnel syndrome and left cubital tunnel syndrome; MRI left hand dated 1/26/2011 with normal findings; MRI right hand dated 1/27/2011 with normal findings. She has undergone left carpal tunnel release and left lateral release for de Quervain's tenosynovitis on 3/10/2010; right elbow surgery in 2006, back surgery in 1999 and gallbladder surgery in 2009. She has had physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/325 # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 02/10/15) Opioids, criteria for use.

**Decision rationale:** Vicodin contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. A recent urine drug screen report is also not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioid analgesics. The medical necessity of Vicodin 5/325 # 90 is not established for this patient.