

<b>Case Number:</b>	CM15-0107108		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on September 7, 2011. He reported feeling a pain in his left wrist when he was taking a load of packages off the semi-truck and pulling them from overhead. The injured worker was diagnosed as having bilateral carpal tunnel release and overuse syndrome of both wrists with tenosynovitis along with triangular fibrocartilage complex regions of both wrists and what appears to be medial epicondylitis of the left elbow. Treatment to date has included electromyography (EMG)/nerve conduction study (NCS), carpal tunnel release, MRIs, x-rays, bracing, and medication. Currently, the injured worker complains of bilateral hand and wrist flare-ups. The Primary Treating Physician's report dated April 3, 2015, noted the injured worker reported his pain level at a 2/10 in severity, performing his normal duties without restrictions. The injured worker reported stopping the Percocet, taking Vicodin on occasion. Physical examination was noted to show the injured worker with mild tenosynovitis of both hands. The treatment plan was noted to include renewal and requests for authorization of Vicodin, and Diclofenac XR, and continuation of normal duties without restrictions with the use of braces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg 1 tablet every 6 hours as needed for pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (non-steroidal anti-inflammatory drugs) Page(s): 22, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute pain, unable to function due to sudden progression of pain and clinical findings. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, the patient reports low pain level of 2/10 without significant clinical findings and continues to work normal duties for this chronic injury of 2011 without indication or necessity for the unquantified opiate. At this time, the Vicodin 5/300mg 1 tablet every 6 hours as needed for pain is not medically necessary and appropriate.