

<b>Case Number:</b>	CM15-0121285		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Pennsylvania, Ohio, 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 47 year old male, who sustained an industrial injury on 03/24/2010. He has reported injury to the right elbow and right arm. The diagnoses have included carpal tunnel syndrome; pain in joint of upper arm; localized secondary osteoarthritis of upper arm; right lateral epicondylitis; and radial nerve lesion, status post radial nerve decompression, on 04/10/2015. Treatments have included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Vicodin, Topiramate, and Lidocaine-Prilocaine Cream. A progress report from the treating physician, dated 04/23/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right upper extremity pain; the pain is rated 6-7 on a scale of 0 to 10; has had a radial tunnel release on the right and trigger finger injections, on 04/10/2015; fingers are no longer locking; not yet seeing a therapist; and he is slowly improving. Objective findings included no acute distress; has a forearm splint and bandages on his right forearm; doing well so far post-operatively; and he cannot take non-steroidal anti-inflammatory agents due to gastric bypass. The treatment plan has included the request for Vicodin 5/300 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.