

<b>Case Number:</b>	CM15-0036239		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old female who reported injury on 04/12/2010. The mechanism of injury was not provided. The documentation indicated the injured worker had been utilizing opiates since at least 2014. Prior treatments included acupuncture and a TENS unit. The documentation of 12/17/2014 revealed the injured worker had gastric symptoms. The injured worker had bilateral wrist and elbow pain, as well as shoulder pain and neck pain. The pain had not improved. The medications allowed the injured worker to function. The physical examination revealed tenderness in the anterior aspect of the left shoulder, and a positive impingement test on the right. Range of motion was decreased on flexion and abduction. The injured worker had a positive Tinel's and Phalen's test. The diagnoses included derangement of joint, not otherwise specified of the shoulder; carpal tunnel syndrome; gastroduodenal disorders, not otherwise specified; and adverse effects of special agents affecting the gastrointestinal system and therapeutic use. The treatment plan included continuation of medications, a bilateral carpal syndrome brace; and physical therapy. The medications included cyclobenzaprine hydrochloride 10 mg 1 twice a day and hydrocodone/APAP 5/500 mg tablets 1 twice a day. There was as Request for Authorization submitted for review dated 12/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5-500 tab #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://www.dea.gov/index.shtml>.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation the injured worker was being monitored for aberrant drug behavior and that the injured worker had objective functional benefit and an objective decrease in pain with the medications. The request as submitted failed to indicate the frequency for the requested medication. There is a lack of documentation indicating a necessity for 1 refill without re-evaluation. Additionally, on 10/06/2014, the drug enforcement agency moved Vicodin from schedule III to schedule II medication. As such, refills are prohibited. The request as submitted failed to indicate the frequency. Given the above, the request for Vicodin 5/500 tab #60 with 1 refill is not medically necessary.