

<b>Case Number:</b>	CM15-0063670		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 64 year old male, who sustained an industrial injury on 7/26/13. He reported with initial complaint of left wrist injury. The injured worker was diagnosed as having left wrist radial fracture and open reduction internal fixation of the left hand (2013); left de Quervain's syndrome; left carpal tunnel syndrome; left elbow sprain/strain; ganglion cyst second MCP joint left hand. Treatment to date has included status post open reduction internal fixation distal radius fracture; x-ray left wrist (3/10/15). Currently, the PR-2 notes dated 1/15/15 are from the chiropractor. He has submitted multiple treatment notes for different dates of service in 2014. The notes indicate the injured worker complained of pain in left hand with weakness. He is pending a second opinion with a hand specialist consultant. The provider wants to review x-rays of the left wrist for the results of an ORIF. He also noted a very large ganglion cyst at the first MCP joint of the left hand. Notes that are referenced in the Utilization Review for the requested Vicodin 7.5/ 750mg tabs are not provided in the case documents. However an x-ray report of the left wrist dated 3/10/15, documents "complete fracture of the ulnar styloid".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 7.5/750mg tabs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** In this case, the provided documents requesting Vidodin are not provided in the case documents, allowing little insight into the clinical reasoning behind the request. Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. The provided documents include x-rays indicating a fracture of the ulnar styloid, however, there is no clinical correlation in provided notes to support that the ulnar styloid is the predominant source of pain in the wrist. Given the lack of details regarding the request for opioid pain control, the request cannot be considered medically necessary and appropriate based on the provided documents.