

<b>Case Number:</b>	CM13-0016463		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 09/20/2011. The primary diagnosis is 723.4. The patient is status post a right carpal tunnel release and cubital tunnel release. The medical records are unclear regarding the specific date of the surgery. An initial peer review noted that as of 07/25/2013, the patient was seen in follow-up and was noted to be receiving postoperative physical therapy and to be at least 60 days status post right elbow and wrist surgery. The report notes that a visual analog pain scale was not reported and that Norco would be weaned off or non opioid medications could be utilized as indicated. On 04/26/2013, the patient was seen in hand surgical follow up by [REDACTED] who noted that the patient had ongoing pain and swelling in their right hand/fingers/wrist, aggressive hyper flexion and forced flexion of the right 4 fingers and right thumb, and aggressive range of motion of the right forearm and elbow were essential. On 07/25/2013, the patient was seen in follow-up by their treating physician. The patient was still in the process of completing postoperative physical therapy for their right hand/wrist/elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 P.O every 6 hours, PRN pain, quantity 120, no refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine and Section on Opioids/Ongoing Pain Management Page(s): 99 and 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "The lowest possible dose should be prescribed to improve pain and function." At this time, the medical records indicate that the patient was still in the recovery phase status post recent upper extremity surgery during the timeframe of the initial utilization review. The records from the patient's hand surgeon very specifically document stiffness and a desire to continue analgesic pain management in order to help reduce stiffness and preserve range of motion of the hand. Opioids would be indicated and appropriate to help in the postoperative recovery phase to improve range of motion and reduce stiffness in the hands. Such goals are functional goals consistent with the 4 domains of opioids management in the treatment guidelines. The request for Norco 10/325mg , every 6 hours, quantity 120, is medically necessary and appropriate