

Case Number:	CM13-0023361		
Date Assigned:	11/15/2013	Date of Injury:	10/31/2011
Decision Date:	06/16/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/12/2013

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 Family Medicine, and is licensed to practice in Arizona. 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.

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 patient is a 50-year-old female with a date of injury of 10/31/2011. The diagnoses include status post right medial epicondylar repair and cubital tunnel release with sub muscular transposition, mild right lateral epicondylitis, trapezial and paracervical strain, right forearm tendinitis, right shoulder impingement/bursitis, right wrist erosions in the capitate, and right carpal tunnel syndrome. The subjective complaints are of right elbow pain, and right wrist and shoulder pain. The physical exam shows a well-healed wound with slight tenderness and mild swelling over the medial aspect of the right elbow. There was diminished grip strength in the right upper extremity. The right shoulder exam showed positive cross arm and impingement tests and muscle strength at 4/5. There was tenderness to palpation over the acromioclavicular joint with positive crepitus upon right shoulder rotation. There was diffuse tenderness to palpation of the right wrist and hand with a positive carpometacarpal grind test. There were also positive Tinel's, Phalen's and carpal compression tests. The medications include Naproxen, Prilosec, and Norco 5/325mg two to three (2-3) times a day. The submitted documentation does not show evidence of ongoing effectiveness of medication or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

Decision rationale: The patient has been on chronic opioid therapy. The Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation is present of compliance with the guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is not consistent with guidelines and the medically necessity is not established.