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| **Case Number:** | CM13-0029371 | | |
| **Date Assigned:** | 11/01/2013 | **Date of Injury:** | 05/01/1992 |
| **Decision Date:** | 01/15/2014 | **UR Denial Date:** | 09/09/2013 |
| **Priority:** | Standard | **Application Received:** | 09/26/2013 |

## 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 Occupational Medicine, 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 applicant is a [redacted] employee who has filed a claim for chronic neck, low back, elbow, foot, and arm pain reportedly associated with cumulative trauma at work first claimed on May 1, 1992. The applicant has also filed a claim for derivative psychological testing. Thus far, she has been treated with the following: Analgesic medications; adjuvant medications; prior elbow surgery; prior ankle arthrodesis; subsequent removal of ankle hardware; carpal tunnel release surgery; first dorsal compartment release surgery; and a cane. In a utilization review report of September 9, 2013, the claims administrator denied a request for hydrocodone-acetaminophen. An earlier note of July 29, 2013 is notable for comments that the applicant is on Norco for pain relief. She reports 8/10 pain. She states that usage of 4 to 5 Norco a day allows for improved function. The applicant denies any medication side effects. The applicant states that she is using a cane for ambulation and is trying to perform home exercises. It is stated that urine toxicology screening and a CURS report are consistent with prescribed medications and that the applicant's renal function is within normal limits. The applicant is asked to use four tablets of Norco a day and continue home exercises. The applicant is asked to use the lowest effective dose of opioids possible. In applicant questionnaires of July 29, 2013 and August 19, 2013, the applicant states that she is deriving "limited help" through ongoing medication usage.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Hydrocodone/apap 10/325 mg QTY: 135.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain affected through ongoing opioid usage. In this case, the applicant seemingly meets two of the three criteria. There is self-report of reduction in pain and attending physician report of improved performance of activities of daily living, including home exercises, affected through ongoing opioid usage. The applicant is reportedly using the lowest effective dose of opioids, it is further noted, although it is acknowledged that she has failed to return to work. Thus, on balance, it appears that two of the three criteria for continuing opioid therapy have seemingly been met. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.