

Case Number:	CM13-0042764		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2009
Decision Date:	02/27/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopedic Surgery 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 claimant was injured on 2/16/09 sustaining an injury due to cumulative trauma. Her diagnoses were of elbow epicondylitis, hand and wrist complaints as well as carpal tunnel syndrome. The most recent clinical progress report is an 8/22/13 assessment indicating chronic bilateral hand and wrist pain and elbow complaints with the examination showing tenderness and diminished grip strength and pain over the first dorsal extensor compartment with positive Finkelstein's and Phalen testing. Surgical intervention in the form of a first dorsal extensor compartment release was recommended. The claimant is noted to be status post a prior carpal tunnel release procedure. The recommendations also include the continued use of narcotics in the form of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: Based on review of the Chronic Pain Medical Treatment Guidelines, the continued use of opioids in this case would not be indicated. There is a direct indication to discontinue use of opioids if there is lack of documentation of benefit or improvement with use of the agent. When taking into account a lack of documentation of improvement on the recent clinical assessment as well as the claimant's current working diagnosis of musculature complaints to the first dorsal extensor compartment and lateral epicondylitis, the continued need of this short acting narcotic analgesic at this chronic stage in the claimant's clinical course of care would not be indicated.