

Case Number:	CM13-0048687		
Date Assigned:	12/27/2013	Date of Injury:	07/04/2008
Decision Date:	02/27/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 represented [REDACTED] employee who has filed a claim for chronic wrist pain, rheumatoid arthritis, knee pain, carpal tunnel syndrome, and paresthesias reportedly associated with an industrial injury of July 4, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior left knee arthroscopy; prior wrist carpal tunnel release surgery; and the apparent imposition of the permanent work restrictions. It does not appear that the applicant has returned to work. The applicant apparently returned to his native [REDACTED] at one point in time. In a utilization review report of October 28, 2013, the claims administrator partially certified a request for Norco, apparently for weaning purposes; partially certified a request for Ultracet, again apparently for weaning purposes; and denied request for Adenosine Treadmill Stress Test. The applicant's attorney later appealed. In a progress note of August 12, 2013, it is stated that the applicant had a flare of hand pain. He has not had any recent falls. He is using a walker. He is on Norco, Ultracet, and Relafen. It is stated that he is doing a little better on the new medication regimen. It is stated that the applicant should try and remain active and pursue a rheumatology consultation as well as various laboratory studies. On October 8, 2013, it is stated that the applicant has ongoing joint pain, including about the hand, forearm, and shoulder. It is stated that the applicant is unable to exercise or do much in terms of activities secondary to all of his multiple medical conditions. He has multiple nodules about the joints of the hands. He is walking with the aide of a walker. He was given a diagnosis of possible rheumatoid arthritis. He is again given refills of Norco, Ultracet, and Relafen. An adenosine treadmill stress test is endorsed to evaluate the applicant's hypertension. A later note of November 13, 2013 is notable for comments that the applicant's pain is 8/10, diminished to

6/10 with medications. He is taken off of Relafen owing to issues with hypertension. His blood pressure is not measured, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation for opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, there is no evidence that these criteria have been met. The applicant has failed to return to work. There is no clear evidence of improved functioning effected as a result of ongoing opioid usage. The applicant is still using a walker. The applicant still has significant physical impairment. There is no clear mention of how the medications in question are improving the applicant's ability to perform non work activities of daily living. It is further noted that it is not clearly stated why the applicant needs to use two short acting opioids, Norco and Ultracet. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines states that the lowest possible dose of opioids should be prescribed to improve pain and function. Thus for all of the stated reasons, the request remains non certified, on independent medical review

Ultracet 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Again, as with Norco, the applicant does not meet criteria for continuation of opioid usage set forth on pages 78 and 80 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider has not clearly detailed or explained why two short acting opioids, Norco and Ultracet are needed or indicated here. The applicant does not appear to have returned to work. The applicant does not exhibit improved functioning in terms of non work activities of daily or