

<b>Case Number:</b>	CM13-0057111		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with a date of injury of May 11, 2012. The listed diagnoses include sprain/strain of elbow/forearm, carpal tunnel syndrome, and joint and hand pain. A report dated September 23, 2013 by [REDACTED] states that the plan of treatment includes an EMG/NCV. The patient is asked to return to clinic in 2 weeks for follow-up. The patient was given work restrictions, and a return to work date of September 23, 2013. Subsequent reports dated August 19, 2013, July 29, 2013, and June 24, 2013, all have similar reporting with no physical examination and no discussions of efficacy of any medications. Report dated May 29, 2013 by [REDACTED] states that the patient presents with right elbow/wrist pain with bruising, mild swelling, decreased range of motion, and well-healed incision. It is noted that patient is status post right carpal tunnel release and right ulnar nerve decompression at the elbow and anterior transposition in the right elbow, and a lateral epicondyle cortisone injection on February 08, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg, #60, as needed for right upper extremity pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication Section Page(s): 22, 60.

**Decision rationale:** According to the California MTUS guidelines anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. Guidelines further state that for medications for chronic pain, pain assessment and functional level should be documented as related to medication use. In this case, the treating physician does not discuss at any time the efficacy of using NSAIDS. The requested naproxen is not medically necessary.

**Ultracet 50mg, #90, one (1) tab by mouth every six (6) hours as needed for right upper extremity pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 88-89.

**Decision rationale:** According to the California MTUS guidelines, chronic opioid use requires functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 As (analgesia, activities of daily living, adverse side effects, adverse behavior) is required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain and duration of relief with medications. None of the reports provided for review contain any necessary information to warrant continuation of long-term opioid use. Given the lack of sufficient documentation, demonstrating efficacy from chronic opiate use the requested Ultracet is not recommended.