

<b>Case Number:</b>	CM13-0057544		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	03/27/2014	<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 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 represented [REDACTED] employee who has filed a claim for chronic elbow pain, forearm pain, lateral epicondylitis, brachial neuritis, and carpal tunnel syndrome reportedly associated with an industrial injury of May 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; a negative wrist MRI arthrogram of September 26, 2013; extensive periods of time off work, on total temporary disability; and prior carpal tunnel release surgery and prior TFCC repair surgery in 2012. In a utilization review report of November 12, 2013, the claims administrator denied a request for Norco, Naprosyn, and Neurontin, citing a lack of clinical improvement. The applicant's attorney subsequently appealed. An earlier note of October 25, 2013, is sparse, handwritten, difficult to follow, and not entirely legible. The applicant reports persistent elbow and wrist pain with associated sensations of paresthesia and dysesthesias. The applicant has hypersensitivity to touch about the elbow with a positive Tinel's sign noted about the same. The applicant is asked to consult another physician, continue analgesic medications, and remain off work, on total temporary disability. An earlier handwritten note on March 28, 2013 is again notable for comments that the applicant is off work, on total temporary disability, and reportedly using Naprosyn, Lyrica, and Norco. In an appeal letter dated January 23, 2014, the attending provider notes that the applicant reported 9/10 pain on a progress note on November 6, 2013 with associated allodynia and hypoesthesias with only 4/5 strength noted. The attending provider seemingly posits that the applicant would be suffering greater than she is at present without usage of the analgesic medications in question. The attending provider states that usage of the analgesic and adjuvant medications in question has ameliorated the applicant's ability to perform activities of daily living but does not state

precisely which activities of daily living have been ameliorated as a result of ongoing medication usage.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco:** 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 of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, the attending provider has not clearly demonstrated that the applicant has met these criteria. The applicant has failed to return to work. The applicant's work status is unchanged from visit to visit. She is seemingly placed off work, on total temporary disability, on each 2013 office visit referenced above. The attending provider has not detailed or expounded upon how precisely the applicant's ability to perform activities of daily living has been ameliorated as a result of ongoing Norco usage. There does not appear to be any marked analgesia affected as a result of ongoing Norco usage, either. Given the seeming failure of Norco, the request for continuation of the same is not certified, on independent medical review.

**Anaprox:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20(f) Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, in this case, however, the claimant has failed to clearly demonstrate any evidence of functional improvement despite prior usage of Naprosyn. The fact that the applicant is off work, on total temporary disability, argues against any functional improvement achieved to date as defined by the parameters established in MTUS 9792.20(f). There is no clear evidence of improved function or reduced pain affected as a result of ongoing Naprosyn usage. Therefore, the request for Anaprox (Naprosyn) is not certified.

**Neurontin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, an applicant should clearly demonstrate the presence of improved function and reduced pain with Neurontin usage at each visit. In this case, the attending provider has not clearly identified improved functioning and/or reduced pain on each visit. The fact that the applicant remains off work, on total temporary disability, and continues to report severe complaints of pain, taken together, imply that ongoing usage of Neurontin has been unsuccessful. Therefore, the request is not certified.