

<b>Case Number:</b>	CM14-0139110		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 expert 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 36 year old male who was injured on 2/6/2009. The diagnoses are left elbow pain and ulnar neuropathy. The past surgery history is significant for ulnar nerve surgery. The EMG /NCS showed that the left ulnar nerve was nonfunctional. On 7/21/2014 [REDACTED] noted subjective complaints of left arm / forearm pain with decreased sensory and temperature sensations of the left upper extremity. There is tenderness over the left lateral epicondyle and left forearm. The medications are providing pain relief and enabling the patient to increase ADL and function. The medications are hydrocodone and naproxen for pain. The patient is also utilizing topical Dendracin cream. It was noted that the patient was receiving psychiatric care from [REDACTED] but the details was not available. The patient was noted to have obtained benzodiazepine medications from multiple prescribers. There was also a history of chemical dependency in the past. A Utilization Review determination was rendered on 8/18/2014 recommending non certification for naproxen 550mg #60 and hydrocodone/APAP 10/325mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg.#60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The chronic use of NSAIDs is associated with renal, cardiovascular and gastrointestinal complications. The records indicate that the patient have not reported any adverse effects to naproxen. The medication is effective and enabled the patient to increase ADL and physical function. The criteria for the use of naproxen 550mg #60 were met.

**Hydrocodone 10/325 mg#180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG recommend that opioids can be utilized during exacerbation of chronic musculoskeletal pain that did not respond to standard NSAIDs and PT. It is recommended that documentation during chronic opioid treatment include UDS, absence of adverse effects and absence of aberrant behavior. The records indicate that the patient is diagnosed with neuropathic pain from ulnar nerve damage. There is no documentation of progression or exacerbation of the neuropathy. There are reports of aberrant medication behavior and non-compliance as well as past history of chemical dependency. The criteria for the use of hydrocodone/APAP 10/325mg #180 was not met.