

<b>Case Number:</b>	CM14-0033765		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Occupational Medicine, has a subspecialty in Preventive 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, bilateral knee pain, and carpal tunnel syndrome reportedly associated with an industrial injury of November 25, 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; and opioid therapy. In a Utilization Review Report dated March 7, 2014, the claims administrator partially certified a request for Norco on the grounds that the claims administrator posited that a shorter supply of opioids is more appropriate than the longer supply proposed by the attending provider. The claims administrator also approved request for ibuprofen. The claims administrator invoked a variety of MTUS and non-MTUS Guidelines and seems to base its decision almost entirely on the cited guidelines with little or no mention of issues specific to the applicant. The applicant's attorney subsequently appealed. A January 27, 2014 progress note was difficult to follow, handwritten, not entirely legible, and notable for comments that the applicant had persistent complaints of hand and wrist pain with associated weakness secondary to carpal tunnel syndrome. Knee pain and back pain were also appreciated. The applicant was described as having weakened grip strength bilaterally. A gym membership and wrist corticosteroid steroid injection for carpal tunnel syndrome were endorsed. The applicant's work status was not provided. Motrin and Norco were apparently refilled, through preprinted checkboxes, along with some topical compounded drugs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 7.5/325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** Based on the admittedly limited information on file, the request does represent a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, the applicant's work status has not been clearly outlined. It does not appear that the applicant is working. The handwritten progress note and/or handwritten prescription form did not incorporate any discussion of medication efficacy, discussion of how (or if) Norco was generating improvement in terms of the performance of activities of daily living, and made no mention whether or not the applicant was deriving appropriate analgesia from the agent in question. Therefore, the request is not medically necessary and appropriate.