

<b>Case Number:</b>	CM14-0041090		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/07/2009
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 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 elbow, wrist, and forearm pain reportedly associated with an industrial injury of March 7, 2009. 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; multiple hand and wrist surgeries, including several hand and wrist fusion surgeries; and opioid therapy. In a Utilization Review Report dated March 26, 2014, the claims administrator apparently denied a request for Norco while approving duloxetine and Nexium. The claims administrator's documentation was highly templated and comprised almost entirely of the cited MTUS guideline. The claims administrator apparently posited that the applicant was not demonstrating appropriate improvement with Norco usage. The applicant's attorney subsequently appealed. In an October 30, 2013 progress note, the applicant was described as having persistent complaints of hand and wrist pain. The applicant's hand was reportedly stable. The applicant had stable fracture status post degenerative joint disease of the same status post multiple fusions. Norco was refilled. The applicant was asked to follow up on a p.r.n. basis. It was stated that the applicant was getting ready to close his case and/or find alternate employment elsewhere in a role where he did not have to use his hand as much. On March 13, 2014, the applicant again presented with sharp, throbbing hand and wrist pain. Pain, stiffness, and limited grip strength were noted. The applicant was using Norco thrice daily, it was stated. The applicant complained of many. The applicant complained that he had developed gastritis secondary to NSAID usage. Authorization for a corticosteroid injection for the wrist was sought. The applicant was asked to continue work restrictions specified by an agreed medical evaluator. The applicant was described as obese, with a BMI of 32.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone /Acetaminophen 10-325mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working with permanent limitations in place. The applicant seemingly reports heightened pain complaints from visit to visit as opposed to reduced pain complaints from visit to visit, despite ongoing usage of hydrocodone-acetaminophen. The applicant does also report ongoing complaints of stiffness and difficulty using the hand, despite ongoing hydrocodone-acetaminophen usage. Continuing the same, on balance, does not appear to be indicated. Therefore, the request is not medically necessary.