

<b>Case Number:</b>	CM14-0041829		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/05/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in 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:

December 2, 2013 PR-2 notes neck pain and wrist pain. Examination reports tenderness of finger joints and positive Finkelstein's. Medication of norco and wrist splint was recommended. January 13, 2014 PR-2 notes the insured had 6 visits of physical therapy with reduction in symptoms. Medications were refilled including norco, flexeril, voltaren gel and gabapentin. February 19, 2014 report of urine drug screen is reported. February 17, 2014 PR-2 reports continued neck pain and right wrist pain. There is decreased range of motion and positive compression sign.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen with COD #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79.

**Decision rationale:** The medical records provided for review report a chronic pain condition of the neck and wrist and is described as improving. The records indicate norco has been prescribed with no indication of side effect or specific degree of efficacy. Chronic opioids are

not recommended under ODG guidelines without demonstrated benefit in regard to effect on pain and function. As the medical records do not delineate specific degree of benefit or positive effect on function, chronic opioid therapy is not supported. The request for Acetaminophen with Codine #3 is not medically necessary or appropriate.