

<b>Case Number:</b>	CM14-0058646		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/07/2004
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old female who had a work related injury on 06/07/04. The mechanism of injury is undisclosed. The most recent clinical note dated 04/10/14 indicated that there was pain in her right shoulder blade, right sided neck with muscle spasm, bilateral hands, unable to open lids or jars because of weakness, and triggering of the digits of the third fingers of both hands when she opened her hands from flexion to extension. She was not currently working. At least 50 percent functional improvement with activities of daily living and 50 percent reduction of pain with medication versus not taking them at all was noted. The injured worker occasionally took low dose Norco tabs one to two per day when she had severe pain she took over the counter Tylenol which did not help. Current medications include Voltaren gel, Cymbalta 30 milligrams daily, Omeprazole, and was unable to tolerate oral nonsteroidal antiinflammatories (NSAIDs). Upper extremities in her hands and neck and shoulder was rated 8/10, at best 7/10 with medication, without 10/10. Physical examination neck range of motion was limited, able to rotate right to left 60 degrees, flexion to extension 10 degrees, cervical compression caused neck pain, but did not radiate, valsalva and Hoffman signs were negative, palpation revealed muscle rigidity in the right cervical paraspinal and cervical trapezius muscles suggesting muscle spasm, exhibited positive Phalen and Tinel signs in both hands, finklestein maneuvers were negative, triggering of the third digits on flexion/extension; right shoulder exam: tenderness over the subacromion, range of motion was limited, laterally abduct 140 degrees, full forward flexion 140 degrees, extend 30 degrees, internal and external rotation 30 degrees positive impingement sign, palpation revealed rigidity in right cervical trapezius muscle and right paracervical spinal musculature, bilateral elbows revealed tenderness over medial and lateral epicondyles, with positive Cozen sign maneuvers, positive Tinel sign at the ulnar groove, no translation on passive range in flexion to extension of the elbow. Impression status post carpal

tunnel release right hand with ongoing symptoms, mild carpal tunnel syndrome left hand, trigger fingers third digits bilaterally both hands, revision of carpal tunnel release in the right hand without improvements of symptoms, chronic lateral epicondylitis and medial epicondylitis in both elbows, chronic right shoulder pain, chronic myofascial pain disorder and associated depression. Prior utilization review on 04/24/14 was noncertified. Her visual analog scale (VAS) scores went from 10 without medication to 8 with medication. No clinical documentation of functional improvement.

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

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

**Norco 7.5/325mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80.

**Decision rationale:** Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.