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| <b>Case Number:</b>   | CM14-0071260 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 02/07/2009 |
| <b>Decision Date:</b> | 09/15/2014   | <b>UR Denial Date:</b>       | 05/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/16/2014 |

### 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 Physical Medicine & Rehabilitation, 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 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 36 year old, right-hand dominant male with a date of injury on February 6, 2009. Based on the medical record dated April 17, 2014 it was indicated that while he was printing press plates on the above stated date of injury he felt a tingling sensation in his left upper extremity that progressed since that day. It was also indicated that he had ongoing persistent pain in his left upper extremity and had gotten worse in the past 45 days. He rated his pain at 10 out of 10 on the pain scale with associated with pain characterized as sharp-shooting, tingling sensation, numbness, tightness and spasms that occurs at night. His pain was aggravated by movement and had impaired his ability to perform household chores, office work, as well as playing sports. His treatment to date included physical therapy, ice, injections, exercise, surgery and medications. He also has non-orthopedic complaints of insomnia secondary to his pain. Upon examination of the left upper extremity, tenderness was noted over the left posterior deltoid and over the left lateral epicondyle with mild swelling. There was also a 10 centimeter surgical scar over the left medial elbow in which the scar and the surrounding area felt numb with associated tingling sensation. Sensation was decreased to light touch, pinprick and temperature along the left medial forearm starting near his surgical scar extending to the 4th and 5th digits posteriorly and anteriorly. His surgical history is significant for diverticulitis in 2008 and nerve surgery in 2009 with suboptimal results and continued pain 4 to 5 month's post-operative rehabilitation. His current medications included Hydrocodone/APAP, Temazepam and Ibuprofen. This is a review of the requested Hydrocodone/APAP (Acetaminophen) tablet 10-325mg and naproxen 550mg #60 which are aimed for providing pain relief.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP tablet 10-325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

**Decision rationale:** The request for Hydrocodone/APAP (Acetaminophen) is considered not medically necessary at this time. The medical record received dated November 15, 2013 indicated that the injured worker has been utilizing Hydrocodone/APAP without objective functional improvement noted such as decrease in pain level, increase range of motion, as well as increase ability to perform activities of daily living. As per California Medical Treatment Schedule, criteria for long-term use of opioids should include documentation of pain and functional improvement in comparison to the baseline or initial findings. The same guidelines accentuate the necessity for screening instrument for cases of abuse/addiction. No documentation was found in the medical records submitted for review to indicate the medical necessity for this medication therefore, the request is not medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

**Decision rationale:** The request for Naproxen 550mg #60 is considered not medically necessary at this time. Per California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis of the knee and hip. The submitted documents did not indicate any subjective and objective findings to the knee and hips as his complaints involved his neck and left upper extremity. Furthermore the injured worker was not diagnosed with osteoarthritis which is the primary indication for the prescription of Naproxen. Therefore, it can be concluded that Naproxen 550 mg #60 is not medically necessary.