

<b>Case Number:</b>	CM14-0077079		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/13/2004
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 and 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 injured worker is a 64-year-old female who reported injury on 10/13/2004. The mechanism of injury was not provided. The injured worker was previously treated with a right carpal tunnel decompression surgery. The prior treatments included therapy and medications. The diagnostic studies were not provided. The documentation indicated the injured worker's medication history as of 12/2013 included Norco 10/325 mg 2 four times a day, amitriptyline hydrochloride 25 mg 1 tablet at bedtime, Neurontin 600 mg 1 three times a day, OxyContin 20 mg tablets 1 twice a day, and Prilosec 20 mg capsules 1 twice a day. The note dated 04/23/2014 revealed the injured worker was not doing well. The injured worker indicated she wants to go back on Norco because of the stress it was causing her to experience delays in oxycodone. The injured worker was noted to have continuing pain of her right arm, starting at her right hand. The injured worker indicated she was trying to perform a home exercise program but her hand was not improving. The injured worker indicated that most activities involving her hands cause sharp and stabbing pains. The injured worker had 10 sessions of hand therapy. The injured worker was noted to be utilizing Norco 10/325 2 four times a day, amitriptyline hydrochloride 25 mg 1 at bedtime, Neurontin 600 mg 1 three times a day, OxyContin 20 mg tablets 1 twice a day, and Prilosec 20 mg 1 twice a day. The physical examination revealed decreased sensation in the bilateral hands and fingers, and tenderness to the right forearm muscles, as well as decreased strength in the bilateral hands. The diagnoses included cervicalgia, lumbago, cervical spondylosis without myelopathy, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. The injured worker had increased activity and functionality on opioid therapy and there was no issue of misuse or diversion of the medication. The documentation indicated the side effects were minimal and controllable. As such, the treatment plan included a continuation of the medications and 8 to 10 additional sessions of hand therapy. The injured worker was noted to have signed an opioid

agreement, the CURES/PAR report was performed, and urine drug screens were performed randomly to monitor compliance. The documentation indicated the injured worker had improvement of function and reduced pain levels on medications with no evidence of escalation. There was no DWC form RFA submitted for the requested treatment.

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

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

#### **1 Prescription of Norco 10/325 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. The documentation indicated the injured worker was utilizing the medication since at least 12/2013. The clinical documentation additionally indicated the injured worker had an improvement in function and a reduction in pain level. However, there was a lack of documentation indicating an objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the medication and the quantity of medication being requested. Given the above, the request for 1 prescription of Norco 10/325 mg is not medically necessary.

#### **1 Prescription of Elavil 25mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants, page 13 Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first line option for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was at least since 12/2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Elavil 25 mg #60 is not medically necessary.

#### **10 Hand Therapy Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page 98, 99 Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for 9 to 10 visits. The clinical documentation submitted for review indicated the injured worker underwent a surgical decompression on the right wrist for carpal tunnel syndrome. The injured worker was noted to have participated in 10 sessions of physical therapy post surgically. The patient is out of the post surgical treatment period, as such, there was application of chronic pain guidelines. There was a lack of documentation indicating objective functional deficits to support the necessity for ongoing supervised therapy. Given the above, the request for 10 hand therapy sessions is not medically necessary.