

<b>Case Number:</b>	CM14-0167204		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Internal 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 injured worker (IW) is a 52-year-old woman with a date of injury of March 31, 2008. The mechanism of injury is noted as a cumulative trauma caused by typing, writing, and pulling of charts while working as a medical assistant. Pursuant Primary Treating Physician's Progress Report (PR-2) dated September 26, 2014, the IW complains of pain in the left medial elbow. She states she was pulling some reams of paper at work when she felt a burning pain in the left elbow. The pain was a mild burning pain initially, but became more severe. She describes the pain as a hot burning pain with a swelling sensation over the medial elbow on the left. The pain is constant without medications rated 9/10. She takes Norco which takes the pain down to a 5-6/10 and barely tolerable. She has tried Gabapentin and Topamax, which caused depression. She has also tried Motrin, which caused GERD, and Aleve, which did not help. Objective physical findings revealed good range of motion in her hands. She has no erythema or swelling in the hands or wrists. She has good strength in her hands and wrists. She has minimal tenderness in the joints of her hands and wrist. The IW has been diagnosed with bilateral hand pain, chronic sprain/strain of the bilateral wrists/hands, and degenerative joint disease of the bilateral hands and wrists. The treatment plan includes continuing Norco 10/325mg, start Cymbalta, and start Mobic 15mg. Documentation in the medical record indicated that the IW has been taking Norco 10/325 mg since at least March of 2014. There were no pain assessments or objective functional improvement documented by the provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the chronic use of opiates. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker was being treated for bilateral hand pain, chronic sprain/strain of the patient's wrists and hands bilaterally and degenerative joint disease of the wrists and hands bilaterally. The earliest progress note in the medical record containing a Norco entry is dated March 28 2014. The documentation did not contain any detailed pain assessments and there was no documentation of objective functional improvement associated with opiate abuse. A previous request (according to the UR) indicated Norco 10/325 mg #20 was approved for weaning. There is no clinical indication for Norco 10/325#90. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 10/325 mg #90 is not medically necessary.

**Cymbalta 30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Cymbalta

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cymbalta 30 mg #60 is not medically necessary. Cymbalta is recommended as an option in the first line treatment of neuropathic pain. See guidelines for additional details. In this case, the injured worker was being treated for bilateral hand pain, chronic sprain/strain of the patient's wrists and hands bilaterally and degenerative joint disease of the wrists and hands bilaterally. The history and physical examination did not show any evidence of neuropathic findings. There was no decreased sensation or numbness to warrant the use of Cymbalta. Consequently, Cymbalta 30 mg #60 is not medically necessary.

**Mobic 15mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, NSAID

**Decision rationale:** Pursuant to the Official Disability Guidelines, Mobic 15 mg #30 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The usual initial starting dose of Mobic is 7.5 mg per day, although some patients may receive additional benefit with an increase to 15 mg per day. The maximum dose is 15 mg per day used for mild to moderate pain is off label. In this case, the injured worker was being treated for bilateral hand pain, chronic sprain/strain of the patient's wrists and hands bilaterally and degenerative joint disease of the wrists and hands bilaterally. The treating physician requested Mobic 15 mg as a starting dose. The guideline recommendations indicate 7.5 mg per day is the initial starting dose. The documentation did not show any inflammatory changes in the wrists and or hands and consequently, Mobic 15 mg #30 is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Mobic 15 mg #30 is not medically necessary.