MAXIMUS Federal Services

Case Number:	CM14-0195663		
Date Assigned:	12/03/2014	Date of Injury:	08/03/2004
Decision Date:	01/20/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of August 5, 2004. In a Utilization Review Report dated November 4, 2014, the claims administrator failed to approve a request for Norco and Motrin. The applicant's attorney subsequently appealed. In a handwritten note dated July 31, 2014, the applicant's treating provider wrote that the applicant was working fulltime, aided by medications. The attending provider complained that the denials of Norco and Motrin were not in-line with MTUS principles or parameters.In a March 26, 2012 progress note, the applicant reported ongoing complaints of wrist and elbow pain. The applicant was using Vicodin for pain relief, it was stated. The note was difficult to follow. The applicant's work status was not clearly outlined in this occasion. In another handwritten note dated August 16, 2012, it was stated that the applicant was working and was apparently using Vicodin and Motrin for pain relief which were helping her to achieve appropriate functionality. The note was handwritten and not entirely legible. In a handwritten note dated March 10, 2014, the applicant again reported elbow pain secondary to elbow epicondylitis and possible carpal tunnel syndrome secondary to cumulative trauma at work. The applicant was employed fulltime, the attending provider suggested, by virtue of her ongoing medication consumption. Norco, Motrin, and nerve conduction testing were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg qid: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): 22. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Treatment Guidelines, anti-inflammatory medication such as ibuprofen do represent the traditional first line treatment for various chronic pain conditions, including the chronic elbow and upper extremity pain reportedly present here. As suggested by the attending provider, the applicant has derived appropriate functional benefit from ongoing usage of ibuprofen. The applicant has returned to and/or maintained successful return to work status with ongoing ibuprofen usage. Ongoing ibuprofen usage has curtailed the applicant's pain complaints and is generating an appropriate improvement and ability to use the upper extremities, the attending provider seemingly suggested (albeit completely) in the handwritten and sometimes difficult-to-follow progress notes. Nevertheless, on balance, the applicant successful return to and maintenance of full-time work status does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f with ongoing medication consumption. Therefore, the request was medically necessary.

Norco 10/325mg q4 hrs: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to and maintained full-time work status, it has been suggested on several occasions, reference above. The attending provider has also reiterated that the applicant is deriving appropriate analgesia with ongoing medication consumption, including ongoing Norco usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.