

<b>Case Number:</b>	CM14-0200451		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	07/23/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 New York. 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 claimant, a 41-year-old woman, states she was injured 7/23/10 when her hand was caught in a piece of machinery, and her arm twisted. Another accounting states that she was packing boxes and when she pulled a box towards her off of a conveyor belt, it disassembled twisting her arm. She has right upper extremity complaints, which includes right shoulder impingement, right lateral epicondylitis, right cubital tunnel syndrome, and right hand sprain. She underwent steroid injection for her elbow discomfort last year, and experienced some improvement. EMG studies were normal 9/24/14. She was felt to have failed conservative management, and as of 10/30/14, she was being prescribed tramadol. Epicondylar release was being considered. Her physician is appealing the 11/7/14 denial of post-op Norco #76, taking 1-2 every 4 hours. #50 were approved at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5-325mg, #76:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-78, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11-12.

**Decision rationale:** If the patient uses 2 tablet every 4 hours, 8 maximum per day, the treating physician has asked for approximately 10 days of pain medication (9-1/2). This is not an unreasonable postoperative period for pain medication. In reviewing the CA MTUS, however, no statement is made regarding postoperative pain management with hydrocodone. The postsurgical guidelines portion of the MTUS states that "only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment. It is not clear how the reviewer came up with 50 tablets as an appropriate does - there is not a guideline supporting this within the MTUS or the ODG. I am reversing the decision, and recommending approval of the 76 tablets of hydrocodone/acetaminophen to be used postoperatively.