

<b>Case Number:</b>	CM15-0106382		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old female who sustained an industrial injury on 03/10/2014. Treatment provided to date has included: physical therapy (8), medications, and conservative therapies/care. Diagnostic tests performed include: x-rays of the bilateral shoulders with normal findings; x-rays of the bilateral elbows with normal findings; x-rays of the bilateral wrist with normal findings; x-rays of bilateral hands with normal findings; electrodiagnostic and nerve testing of the bilateral upper extremities (08/19/2014) showing mild bilateral carpal tunnel syndrome and mild right ulnar neuropathy across the elbow. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/21/2015, physician progress report noted complaints of persistent bilateral hand pain with numbness and tingling. No pain severity rating or further description of the pain was mentioned. Current treatment includes hydrocodone/acetaminophen and ibuprofen. It was noted that the injured worker had previously undergone a right carpal tunnel release (04/07/2010), and left carpal tunnel release (01/28/2011) prior to the current date of injury. The physical exam revealed positive Tinel's and Phalen's testing bilaterally. The provider noted diagnoses of recurrent bilateral carpal tunnel syndrome. Plan of care includes continued medications (including hydrocodone/acetaminophen and ibuprofen). The injured worker's work status temporarily totally disabled. Requested treatments include hydrocodone/acetaminophen and ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP (acetaminophen) 5/325 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Hydrocodone/APAP (acetaminophen) 5/325 mg Qty 60 is not medically necessary or appropriate.

**Ibuprofen 800 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Ibuprofen 800 mg Qty 90 is not medically necessary or appropriate.