

<b>Case Number:</b>	CM14-0113911		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/03/2004
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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:

Patient is a 50 year-old female with date of injury 08/03/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/20/2014, lists subjective complaints as pain in the right hand and wrist. PR-2 was handwritten and illegible. Objective findings: Examination of the right hand and wrist revealed tenderness to palpation extending to the right upper extremity. Tinel's test was positive. Diagnosis: 1. RSI 2. Lateral Epicondylitis 3. R/O CTS. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as two months. Medications: 1. Norco 10/325mg SIG: G4H2. Ibuprofen 600mg SIG: QID

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 G4H:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement

or improved quality of life. The patient is reporting minimal, intermittent pain. There is no documentation supporting the continued long-term use of opioids.

**IBUPROFEN 600 MG QID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. There is no documentation in the medical record that Ibuprofen has been effective in treating the patient's pain or inflammation.