

<b>Case Number:</b>	CM14-0085211		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 is a 46-year-old female was reportedly injured on April 1, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated may six 2014, indicates that there are ongoing complaints of bilateral wrist pain. Current medications include Prilosec, hydrocodone, Prozac, Anaprox, gabapentin and topical anti-inflammatory lotions. The physical examination demonstrated tenderness at the volar aspect of both wrists and forearm extensors. There was also tenderness of the bilateral trapezius muscles. There was a positive Tinel's and Phalen's test at each wrist as well as a positive Finkelstein's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes the right carpal tunnel release and wrist braces. A request had been made for hydrocodone and Trmcap C + Diflur 120g lotion and was not certified in the pre-authorization process on may 26 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Refill of Trmcap C + Diflur 120g lotion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Trmcap C + Diflur 120g lotion is not medically necessary.

**Retro Hydrocodone 2.5/325mg for pain #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen ) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, the progress note dated May 6, 2014, contains no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.