

<b>Case Number:</b>	CM14-0215330		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Internal Medicine

### 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 patient is an injured worker with a history of repetitive stress injury of the right and left upper extremities. Date of injury was November 17, 2008. The orthopaedic agreed medical evaluation report dated July 3, 2014 documented an evaluation of the hands, wrists, forearms, and elbows. Medical history includes right open carpal tunnel release March 2, 2009 and left open carpal tunnel release April 20, 2009. Right lateral epicondylar release, debridement, and reattachment of the extensor muscles, September 8, 2010 was noted. Left lateral epicondylar release, debridement, and reattachment of the extensor muscles, January 27, 2011 was noted. Right radial tunnel release April 4, 2012 was noted. Left radial tunnel release August 29, 2012 was noted. Medical history includes lumpectomy August 2007, cesarean section, history of breast carcinoma. The patient has a history of hypertension. Medications included Norco 10/325, Atenolol, Hydrochlorothiazide, and Duragesic Fentanyl patch. Diagnosis was repetitive stress injury of the right and left upper extremities. Electrically positive carpal tunnel syndromes was noted. The patient is status post right open carpal tunnel release March 2, 2009 and status post left open carpal tunnel release April 20, 2009 and lateral epicondylitis. The patient is status post right lateral epicondylar release, debridement, and reattachment of extensor origin September 8, 2010. The patient is post left lateral epicondylar release, debridement, and reattachment of extensor origin January 27, 2011. Radial tunnel syndromes was noted. The patient is post right radial tunnel release April 4, 2012. The patient is status post left radial tunnel release, August 29, 2012. The primary treating physician's progress report dated November 20, 2014 documented subjective complaints of bilateral upper extremity pain. She is doing well on the Norco and

Motrin. She stopped taking the Ambien. Medications included Norco 10/325 mg three to four a day, Motrin 800 mg bid, Atenolol, and Hydrochlorothiazide. Objective findings: no significant change. Diagnoses were bilateral forearm pain, lateral epicondylectomy, status post right radial nerve release, status post radial nerve release, bilateral hand pain, and bilateral carpal tunnel release. Negative electrodiagnostic studies of bilateral upper extremities May 2014 was noted. The treatment plan included Norco 10/325 mg #240 and Motrin 800 mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, pages 74-96 and the American College of Oc.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. The College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for elbow, forearm, wrist, and hand complaints. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for elbow, forearm, wrist, and hand complaints. The primary treating physician's progress report dated November 20, 2014 noted "Objective findings: no significant change" without documentation of physical examination findings. Documentation of physical examination findings, the request for Norco is not supported. Norco is a schedule II Hydrocodone combination product. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for Norco 10/325 mg is not medically necessary and is not supported by MTUS and ACOEM guidelines.

**Mortrin 800mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, or diuretics. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. The primary treating physician's progress report dated November 20, 2014 noted "Objective findings: no significant change" without documentation of physical examination findings. Documentation of physical examination findings, the request for Motrin is not supported. Medical records indicate a diagnosis of Hypertension managed with Atenolol and Hydrochlorothiazide. Per the MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. The MTUS guidelines warn against the use of NSAIDs with patients with hypertension. Long-term NSAID use is not recommended by the MTUS. The use of the NSAIDs, Motrin 800 mg is not medically necessary and is not supported by the MTUS guidelines.