

Case Number:	CM13-0046210		
Date Assigned:	12/27/2013	Date of Injury:	09/07/2005
Decision Date:	06/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 52-year-old female with date of injury of 08/07/2005. The listed diagnoses per [REDACTED] dated 10/15/2013 are: 1. Status post lateral epicondyle debridement and repair of the partial tear of the external mass performed on 04/20/2007. 2. Status post right cubital tunnel release from 2008, anterior ulnar nerve transposition performed by [REDACTED] with EMG/nerve conduction velocity study of the right upper extremity revealing residual axonal injury at the ulnar sensory fibers. 3. Status post right elbow revision and decompression of the ulnar nerve and a submuscular transposition and right ring trigger finger release performed on August 2009. According to the report, the patient currently rates her pain a 9/10 without Norco and 4/10 with Norco. Her current medications are Norco, Lyrica, and Flector patch. She denies nausea, vomiting, or constipation. She has reports no side effects with her medications. The patient states increased function with activities of daily living including lifting with medication use. Examination of the right elbow reveals a well-healed surgical scar. There is tenderness to palpation present over the medial and lateral epicondyles. There is no laxity noted. The range of motion of the right elbow is diminished at flexion and extension. The utilization review denied the request on 10/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120, QTY: 120.00: 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): 75, 78, 91.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic right elbow pain. The physician is requesting Norco. For chronic opiate use, MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of MTUS requires "pain assessment" that require "current pain; the least reported pain over the periods since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts". Furthermore, "the 4 A's for ongoing monitoring" are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The reports show that the patient started taking Norco on 01/22/2013. The progress report dated 10/15/2013 documents that the patient's pain level is 9/10 without Norco and 4/10 with Norco. In addition, she denies any nausea, vomiting, or constipation. She also reports increased function with activities of daily living including lifting with medications. The urine drug screen dated 09/03/2013 is consistent with the prescribed medications. In this case, the physician has provided all the criteria required by MTUS for ongoing use of opiates. Recommendation is for authorization. The request for Norco 10/325mg, #120 is medically necessary.

LYRICA 75MG #60, QTY: 60.00: Overturned

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 Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic right elbow pain. The physician is requesting Lyrica. The MTUS Guidelines page 19 and 20 on Lyrica states "has been documented to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." The MTUS Guidelines page 60 under medications for chronic pain states that evaluating the effect of pain relief in relationship to improvements in function and increased activity should be provided with the use of medications. The records show that the patient has been taking Lyrica since 01/22/2013. The physician documents medication efficacy, "The medications control the pain well." In this case, the patient does report relief from medication use. Recommendation is for authorization. The request for Lyrica 75mg, #60 is medically necessary.

SONATA 10MG #30, QTY: 30.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic right elbow pain. The physician is requesting Sonata 10 mg. The MTUS and ACOEM Guidelines do not discuss Sonata. However, ODG under insomnia treatments states that for non-benzodiazepine sedative hypnotics, it is considered a first-line treatment for insomnia. Benzodiazepine/receptor agonists work by selectively binding 2 type-1 benzodiazepine receptors in the CNS. In addition, ODG states that Zaleplon (Sonata®) reduces sleep latency and are indicated for short-term use between 7 to 10 days. The records show that the patient has been taking Sonata since 10/15/2013. In this case, ODG does not support the long-term use of this medication. Recommendation is for denial. The request for Sonata 10mg #30 is not medically necessary.

FLECTOR PATCH 1.3% (QUANTITY UNSPECIFIED): 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 topical creams Page(s): 111.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic right elbow pain. The physician is requesting Flector patch. The MTUS Guidelines on topical analgesics, page 111 to 113, states that topical NSAIDs are recommended for peripheral joint osteoarthritis/tendinitis type problems. In addition, MTUS page 60 require pain assessment and functional changes when medications for chronic pain are used. The records show that the patient was prescribed Flector patches on 01/22/2013. However, none of the 220 pages of records mention efficacy in terms of pain relief and functional improvement. Recommendation is for denial. The Flector patch 1.3% (quantity unspecified) is not medically necessary.