MAXIMUS Federal Services

Case Number:	CM14-0013315		
Date Assigned:	02/26/2014	Date of Injury:	11/05/2010
Decision Date:	08/04/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal 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:

The patient is a 51-year-old female who has submitted a claim for left lateral epicondylitis and left radial tunnel syndrome, and bilateral upper extremity overuse tendinopathy associated with an industrial injury date of 11/05/2010. The medical records from 2013 to 2014 were reviewed. The patient complained of persistent right and left lateral epicondylar pain aggravated upon elbow extension. The patient likewise reported heartburn. The physical examination showed swelling, stiffness, and numbness at bilateral elbow. Stability was noted. Tinel's sign was positive at the left antecubital, radial nerve and ulnar nerve. The treatment to date has included left lateral epicondylitis debridement and repair and left radial tunnel release on 01/23/2014, right elbow epicondylar release on 11/08/2012, use of a wrist brace, occupational therapy, physical therapy, and medications, such as ibuprofen and omeprazole. The utilization review from 01/31/2014 modified the request for Norco #60 into #30 for weaning, because of lack of pain relief; and denied the retrospective request for hydrocodone/APAP #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that there are four (4) A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there was no progress report citing an opioid prescription. The documents submitted only showed evidence of non-steroidal anti-inflammatory drug (NSAID) use. It is unclear if the patient has been started on an opioid, or if there is a plan to initiate such. The medical necessity was not established due to insufficient information. Therefore, the request is not medically necessary.

Retrospective request for Hydrocodone/APAP 10/325mg #60 (Date of service: 01/13/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that there are four (4) A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there was no progress report citing an opioid prescription. The documents submitted only showed evidence of non-steroidal anti-inflammatory drug (NSAID) use. It is unclear if patient had been started on opioid since progress report from 01/13/2014 was not made available for review. The medical necessity was not established due to insufficient information. Therefore, the request is not medically necessary.