

Case Number:	CM14-0111981		
Date Assigned:	09/16/2014	Date of Injury:	11/12/1996
Decision Date:	12/02/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury on 11/12/1996. The mechanism of injury was not submitted for clinical review. The diagnoses included left ulnar nerve release with hypersensitivity, and left elbow pain. The previous treatments included 24 sessions of postoperative physical therapy, medications, physical therapy, and left cubital tunnel release. The diagnostic testing included an MRI of the elbow dated 06/17/2014. Within the clinical note dated 09/16/2014 it was reported the patient complained of left elbow pain on the posterior medial aspect of the left elbow. The medication regimen included Voltaren gel, ibuprofen, Norco. Upon the physical examination the provider noted the right elbow had noticeable atrophy of the forearm. There was pain with direct palpation of the lateral epicondyle. The injured worker had pain with tenderness over the posterior medial epicondyle and over the triceps insertion medially. Strength was extension of the left elbow 4/5. Upon examination of the left elbow, the provider noted tenderness to palpation at the lateral epicondyle. The injured worker had a positive Tinel's at the cubital tunnel and decreased sensation to the ulnar nerve distribution. A request was submitted for Norco. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 q 6 hrs PRN #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

Decision rationale: The request for Norco 10/325 mg 1 q 6 hrs PRN #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.