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| Case Number: | CM14-0138553 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 12/13/2010 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 Pain 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:

This is a 23-year-old female who sustained a remote industrial injury on 12/13/10 diagnosed with a crush injury of the upper extremity, sprain/strain of the right wrist, De Quervain's tenosynovitis, and sprain/strain of the forearm. Mechanism of injury occurred when the patient fell onto her right arm while moving a Christmas tree. The request for Norco 5/325mg #30 was non-certified at utilization review due to the lack of documentation of visual analog scale scores or other information to support the use beyond the recommended initial two weeks of elbow pain. The most recent progress note provided is 08/22/14. Patient complains primarily of continued pain in the right arm and hand rated as an 8/10 with intermittent numbness and tingling. Patient reports that the pain decreased after a Toradol injection on 07/25/14. Patient also reports being in a car accident on 08/06/14 for which she is being treated with physical therapy, Cyclobenzaprine, and Norco. Physical exam findings reveal decreased range of motion of the wrist, tenderness to palpation of the wrist, positive Tinel's, and right grip strength of 5-/5 due to pain. Current medications include: Tramadol 37.5/325mg one tablet twice a day as needed, Omeprazole 20mg one tablet twice a day, Fenoprofen 400mg one tablet twice a day and Lidoderm 5% patch. It is noted that medications help the patient's pain 20-30%, her GI upset is controlled well with Omeprazole, and the patient stopped taking Norco due to stomach upset. The patient has an updated controlled substance contract. The treating physician is requesting medication refills and to continue self-care with a home exercise program and TENs unit. Provided documents include several previous progress reports, requests for authorization, authorization notices, previous utilization reviews, and a Qualified Medical Evaluation dated 10/10/11. On 09/04/14, the request for Norco 5/325mg #30 was certified at utilization review for postoperative use. The patient's previous treatments include medications, physical therapy, Toradol injections, chiropractic treatment, TENs unit, splints, carpal tunnel release, and a

cortisone injection. Imaging studies provided include an MRI of the right wrist, performed on 03/14/11. The impression of this MRI reveals mild extensor carpi ulnaris tendinosis. An MRI of the right elbow, also performed on 03/14/11, is included and reveals unremarkable findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, it is unclear how long the patient has been prescribed Norco but the patient has been taking Tramadol for at least six months. The treating physician does not quantifiably document any functional improvement or pain relief with VAS (visual analog scale) scores pre- and post- the use of Tramadol. There is also no documentation of a urine drug screen performed to monitor compliance and screen for aberrant behavior and the patient reports stomach upset with the use of Norco. Due to this lack of documentation concerning the use of one opioid, the ongoing use of any opioid is not supported by MTUS guidelines and non-certification of Norco 5/325mg, #30 is recommended.