MAXIMUS Federal Services

Case Number:	CM14-0151172		
Date Assigned:	09/19/2014	Date of Injury:	11/02/2006
Decision Date:	10/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/16/2014

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, has a subspecialty in Pain Management 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 injured worker is a 60-year-old male who sustained an injury on 11/02/06. On 06/17/14, he presented with complaints of bilateral hand pain and numbness and bilateral elbow pain. He has had constant 6-8/10 pain, which decreases to a 3-4/10 with his medications. It is described as a burning and sharp discomfort in the right greater than left elbows; he has deep aching pain in the palm associated with tingling, which is worse in the morning. He also complains of leg cramping with walking. Exam on 07/30/14 revealed tenderness on the right greater than the left lateral epicondyles and resisted tight wrist extension elicits right lateral elbow pain greater than left. Cervical spine exam revealed end-range limitation in cervical extension. There is a fair cervical flexion with end points of pain. Bilateral cervical rotation is 70-80 degrees. Strength was 5-/5 in the distal right upper extremity with limitations secondary to pain. Sensory exam showed decreased pinprick in the left 3rd digit and palm. No urine drug screen, magnetic resonance imaging scan, computed tomography, or x-ray reports were available for review. His current medications include Norco 10/325 mg, Lidoderm 5% patch, and Ambien 5 mg. He is allergic to iodine and sulfa medications. Past treatment included physical therapy, which seemed to be the most helpful treatment. He also had multiple steroid injections into the upper extremities. He last received #240 of Norco on 01/10/14. His diagnoses include bilateral hand pain and numbness with a history of bilateral carpal tunnel releases in 2001 and bilateral elbow pain with a reported history of lateral epicondylitis.The request for 240 Tablets of Norco 10-325 mg was denied on 08/21/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints,Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin), Opioids Page(s): 51, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state continuation of opioids is recommended if the worker has returned to work and if the worker has improved functioning and pain. The guidelines state continuation of opioids is recommended if the worker has returned to work and if the worker has improved functioning and pain. In this case, the medical records show that the injured worker has chronic pain and has been taking Norco at high dose. There is no evidence of return to work. There is no documentation of trial of first line therapy with non steroidal anti-inflammatory drugs or acetaminophen. Furthermore, conversion to long-acting opioids should be considered when continuous around the clock pain relief is desired. The medical documents do not support continuation of Norco at the current dosing. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.