

Case Number:	CM14-0174294		
Date Assigned:	10/24/2014	Date of Injury:	12/31/2011
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 48 year-old patient sustained an injury on 12/31/11 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg, 1-2 tabs by mouth every 6-8 hours #120, Restoril 15mg, 1 tab by mouth QHS (bed time) #30, and Topical Diclofenac /Lidocaine 3%/ 5 % 180 gram cream #1. Diagnoses include elbow/ forearm sprains/strains/ right lateral epicondylitis; right shoulder muscle strain; left knee joint pain and osteoarthritis s/p total knee arthroplasty in February 2014. MRI of the right elbow dated 8/5/14 was consistent with lateral epicondylitis without discrete tear. Conservative care has included medications, therapy, and modified activities/rest. Report of 8/29/14 from the provider noted the patient with chronic ongoing right shoulder and elbow pain rated at 5/10 and 9/10. Medications list Norco, topical compound, and Restoril for sleep aid. Exam showed normal gait; negative Phalen's and Tinel's; right shoulder with decreased range; tenderness at acromioclavicular joint; motor strength of 5/5 in upper extremities; 4/5 with flex/extension maneuvers; negative varus/valgus stress; intact sensation. Treatment included elbow brace; steroid injection to right elbow. The request(s) for Restoril 15mg, 1 tab by mouth QHS #30 was modified for #15 for weaning, Norco 10/325mg, 1-2 tabs by mouth every 6-8 hours #120 and Topical Diclofenac/Lidocaine 3%/ 5 % 180 gram cream #1 were non-certified on 10/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Therefore, the Norco 10/325mg #120 is not medically necessary and appropriate.

Restoril 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th edition (web), 2013, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this 2011 injury. Therefore, the Restoril 15mg #30 is not medically necessary and appropriate.

Diclofenac/Lidocaine 3 %/5% 180 gram cream #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2011 without documented functional improvement from treatment already rendered. The Topical Diclofenac/Lidocaine 3%/ 5 % 180 gram cream #1 is not medically necessary and appropriate.