

Case Number:	CM14-0186027		
Date Assigned:	11/13/2014	Date of Injury:	07/03/2010
Decision Date:	12/22/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/07/2014

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 patient is a 31 year old male with an injury date of 07/03/10. Based on the 03/18/14 progress report provided by treating physician, the patient complains of constant deep right forearm pain, that extends down the ulnar forearm to the wrist and sometimes into the proximal aspect of the lateral arm. The patient is status post debride and ulnar osteotomy 2011, and debride and hardware removal 2011. Physical examination to the right elbow revealed tenderness to palpation to the lateral epicondyle, radial gutter, distal triceps and the area just proximal to the lateral condyle at the level of the spiral groove. Mild extrinsic extensor tenderness. Range of motion of elbow, forearm, wrist and digits within normal limits. Per progress report dated 03/31/14, the pain is rated 8/10 and is alleviated by physical therapy, home exercises, acupuncture, wrist brace, TENS and oral pain medications. Patient's medications include Naproxen, Zohydro, Gabapentin, Celebrex. Patient is temporarily totally disabled. Norco was started on 08/16/13 and stopped on 03/05/14. Diagnosis 03/18/14- rule out progressive mild cubital tunnel syndrome- status post right ulnar shortening osteotomy/triangular fibrocartilage complex- rule out right carpal tunnel syndrome- rule out lateral epicondylitis. The utilization review determination being challenged is dated 10/13/14. Treatment reports were provided from 12/10/14 - 03/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120 as prescribed on 9/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with right forearm pain, that extends down the ulnar forearm to the wrist and sometimes into the proximal aspect of the lateral arm. The request is for Norco 5/325mg #120 as prescribed on 9/30/14. The patient is status post debride and ulnar osteotomy 2011, and debride and hardware removal 2011. Patient's diagnosis dated 03/18/14 included rule out progressive mild cubital tunnel syndrome, rule out right carpal tunnel syndrome and rule out lateral epicondylitis. Per progress report dated 03/31/14, the pain is rated 8/10 and is alleviated by physical therapy, home exercises, acupuncture, wrist brace, TENS and oral pain medications. Patient's medications include Naproxen, Gabapentin, Celebrex, and Zohydro. Patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 03/31/14, Norco was started on 08/16/13 and stopped on 03/05/14. Progress report dated 09/30/14 was not available in medical records. The provider has not discussed reason for the request. No Request for Authorization form is included. In this case, the provider has not stated how Norco reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, recommendation is for denial.