

Case Number:	CM14-0030782		
Date Assigned:	06/20/2014	Date of Injury:	08/26/2006
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 64-year-old male who reported an injury on 08/26/2006. The mechanism of injury was reported to be multiple unspecified injuries to the left upper extremity. Prior treatments were noted to be medications. The injured worker was noted to have a diagnosis of joint pain to the upper arm. A clinical note provided with the documentation indicated the injured worker had an evaluation on 02/27/2014. It is noted the injured worker had persistent pain in the left elbow and wrists. He rated his pain at rest as 5/10; with increased activity his pain increased to 8/10 without medication. With medication he indicated that pain was a 3/10 and also added he got about 50% pain relief with Fentanyl patches. The exam of the left elbow indicated tenderness over the medial epicondyle and over the olecranon. He had moderate discomfort and weakness of both biceps and triceps. There was a small effusion at the olecranon bursa on the left. The plan for medications included continuing Fentanyl patches, Norco for moderate pain, and Lyrica. In addition, the injured worker was to continue home exercises preceeded by local heat and followed by ice as needed. The Request for Authorization of medical treatment is dated 02/20/2014. The provider's rationale for the requested medications was also provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate opioid ongoing management should include 4 domains relevant for ongoing monitoring of chronic pain. Documentation should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonaberrant 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 documentation submitted for review fails to provide an adequate pain assessment. A pain assessment should include current pain; the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. A satisfactory response to treatment should be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. Use of drug screening to monitor issues of abuse, addiction, or poor pain control is also necessary. The documentation provided indicates the injured worker has been prescribed the requested medications since at least 10/27/2012 without any efficacy. The request also fails to indicate a frequency. Therefore, the request for 1 prescription of Norco 10/325 mg quantity of 120 is not medically necessary.

One prescription of Lyrica 75 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-17.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain. Most randomized controlled trials indicate use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful neuropathy. There are a few random controlled trials directed at central pain and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. It is documented that the injured worker has been using Lyrica since at least 10/27/2012. The clinical note dated 02/27/2014 fails to indicate a response with use of antiepilepsy drugs as defined in the guidelines. The request for Lyrica fails to indicate a frequency. Therefore, the request for 1 prescription of Lyrica 75 mg quantity 60 is not medically necessary.

One prescription of Fentanyl patch 25 mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate opioid ongoing management should include 4 domains relevant for ongoing monitoring of chronic pain for injured worker's on opioids. Documentation should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonaberrant 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 documentation submitted for review fails to provide an adequate pain assessment. A pain assessment should include current pain; the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. A satisfactory response to treatment should be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. Use of drug screening to monitor issues of abuse, addiction, or poor pain control is also necessary. The documentation provided indicates the injured worker has been prescribed the requested medications since at least 10/27/2012. The documentation failed to provide an adequate pain assessment according to the guidelines. In addition, the request fails to indicate a frequency. Therefore, the request for 1 prescription of Fentanyl patch 25 mcg quantity 10 is not medically necessary.