

Case Number:	CM14-0076481		
Date Assigned:	07/18/2014	Date of Injury:	07/25/2008
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational and Environmental Medicine, has a subspecialty in Public Health, and is licensed to practice in West Virginia and Ohio. 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 individual is a 55 year old male who sustained an industrial injury on July 25th 2008 involving trauma to his left arm/elbow. The records indicate complaint of constant pain related to the injury. Further records describe current pain regimen, to include the use of norco and ibuprofen, as improving pain level enough to allow this individual to return to work. An opiate pain management agreement was initiated in July of 2013 and there is documented compliance noted in the available records, though it can not be ascertained exactly when the norco was first prescribed. There is a surgical history of left elbow tendon release in 2010 but no documentation of surgical outcome (benefits, adverse sequelae, etc). As mentioned above, it is noted that this patient has recently returned to work and this has caused some exacerbation of pain but this is accompanied by documentation of as much as 70%-80% improvement with the use of current medications. It is difficult, based on available records, to determine if this improvement is based on increased level of pain following work exertion or pain level based on pre-work level. This individual has been prescribed norco 10mg/325mg 1-2 tabs 4 times per day for the control of pain related to his injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tab 1-2 q.i.d. #224: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation opioids and longterm use.

Decision rationale: The MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." CA MTUS recommends the use of the 4 A's for opioid monitoring. This includes analgesia, adverse side effects, aberrant drug taking behavior and activities of daily living. The treating physician documents appropriate urine drug screening the use of a opioid contract (as recommended by the ODG) and strict counseling regarding use and potential problems involving opioid abuse. Follow up documentation from the treating physician notes improvement in activities of daily living, improved analgesia and increased function. Given the presence of the required documentation and the noted improvement in function and ADL's, the request is medically necessary.