

Case Number:	CM14-0131259		
Date Assigned:	08/20/2014	Date of Injury:	04/06/2000
Decision Date:	07/21/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 63 year old female, who sustained an industrial injury, April 8, 2000. The injured worker previously received the following treatments Cymbalta, Norco ½ tablet every 4-6 hours as needed for pain (weaning) according to the progress note of October 8, 2014, topical pain cream and myofascial with ketamine. The injured worker was diagnosed with medial epicondylitis, lateral epicondylitis and adjustment reaction with prolonged depression. According to progress note of October 8, 2014, the injured worker's chief complaint was elbow pain which was a gradual onset and constant. The pain was described as achy, stabbing and throbbing. The pain was stable and affected daily activities. The pain was worse with repetitive wrist turning and lifting. The injured worker reported tenderness with palpation, paresthesias and weakness. The physical exam noted tenderness with palpation over the lateral epicondylar areas bilaterally. There was increase pain with resisted palm down grip and left test and with grip and supinate test bilaterally. The injured worker was awake, alert, understands questions and responds appropriately and quickly. The treatment plan included a prescription renewal for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Per the MTUS Guidelines cite 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 functional 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 for this chronic injury of 2000 without acute flare, new injury, or progressive deterioration. The Norco 10/325mg, #180, with 3 refills is not medically necessary and appropriate.