

Case Number:	CM14-0171102		
Date Assigned:	10/23/2014	Date of Injury:	04/08/2000
Decision Date:	03/17/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/16/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 52 year old female, who sustained an industrial injury on 4/6/2000. The documentation noted on 9/10/14 that there was a newly found quarter size lump found two weeks prior under the surface of the skin near the right elbow that is tender to touch and when pressed it shoots pain across the top of the right arm from wrist to shoulder. Physical examination noted right posterior proximal ulnar shaft area with 2cm size fluctuant, mildly tender to palpation mass overlaying the boney surface with bilaterally tender to palpation. The diagnoses have included medial epicondylitis, lateral epicondylitis and adjust reaction with prolong depression. According to the utilization review performed on 9/19/14, the requested 1 Norco 10/325mg #180 has been non-certified. Utilization review noted that this medication is available as a generic prescription but is being prescribed as branded medication. The documentation does not support improvement of pain or function with the use of this medications. Evidence based guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Norco 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's: The Pharmacological

Basis of Therapeutics, 12th ed McGraw Hill 2010; and the Physician's Desk Reference, 68th ed www.RxList.com; and the ODG Drug Formulary www.odg-twc/odgtwc/formulary.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: 1 Norco 10/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation does not indicate that the MTUS opioid prescribing guidelines are being followed. The MTUS recommends prescribing opioids according to function, with specific functional goals, return to work, random drug testing, opioid contract. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement or evidence of the above prescribing guidelines or treatment plan. The request for Norco is not medically necessary.