

Case Number:	CM14-0183296		
Date Assigned:	11/25/2014	Date of Injury:	10/20/2000
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/04/2014

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 Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of October 20, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier ulnar nerve transposition surgery; unspecified amounts of physical therapy; an interferential unit; and opioid therapy. In a Utilization Review Report dated October 28, 2014, the claims administrator partially approved a request for Norco while conditionally denying request for Gabitril. The applicant's attorney subsequently appealed. In a September 16, 2014 progress note, the applicant reported ongoing complaints of elbow pain, 4/10. The applicant was working part time, at a rate of 20 to 25 hours a week, as stated in one section of the note. The applicant was using Effexor, Gabitril, Norco, Lidoderm, Ambien, and Motrin, it was stated. The applicant was given operating diagnosis of reflex sympathetic dystrophy. A cubital tunnel brace, Norco, and Gabitril were endorsed. The applicant was asked to return to work. The applicant was self employed, it was acknowledged, and was reportedly working at a rate of 25 hours a week. It was stated that the applicant's pain medications were attenuating her pain complaints. In a June 17, 2014 progress note, the applicant reported pain ranging from 4 to 8/10. It was stated, albeit incompletely, that the applicant's pain complaints were attenuated through usage of Norco, Lidoderm, Motrin, and TENS unit. Multiple medications were refilled. The applicant was returned to work, at rate of 25 hours a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone / APAP 5/325mg with 2 refills.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. The applicant has returned to work at a rate of 25 hours a week, in self-employed capacity. The applicant is reporting an appropriate attenuation in pain scores with ongoing Norco usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.