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| Case Number: | CM14-0189483 | | |
| Date Assigned: | 11/20/2014 | Date of Injury: | 10/29/2012 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

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 patient is a 35-year-old female who has submitted a claim for cervical disc degeneration, right elbow pain with chronic medial and lateral epicondylitis, and mild carpal tunnel syndrome associated with an industrial injury date of October 29, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of right upper extremity pain particularly at the elbow, shoulder, wrist and hand. She reported numbness and tingling sensation in her right hand leading to a diminished ability to grip and grasp. She was unable to function without intake of medications. She used Norco occasionally for severe pain. The patient reported 50% pain reduction and 50% functional improvement in activities of daily living with medication use. The pain was rated 8/10 in severity and relieved to 4/10 with medications. Physical examination of the right shoulder revealed limited range of motion, tenderness, and positive impingement sign. Examination of the right elbow showed tenderness and positive Tinel's sign. The right hand was positive for Phalen's sign, Tinel's sign and Finkelstein maneuver. Urine drug screens were appropriate as stated. Treatment to date has included physical therapy, Norco (since 2013), Lyrica, Tylenol, and Lidoderm patch. Utilization review from October 22, 2014 denied the request for Norco 10/325 mg, #9 because of no evidence of overall improvement in pain level or function with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10/325mg #9: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since 2013. She complained of right upper extremity pain particularly at the elbow, shoulder, wrist and hand. She reported numbness and tingling sensation in her right hand leading to a diminished ability to grip and grasp. She was unable to function without intake of medications. She used Norco occasionally for severe pain. The patient reported 50% pain reduction and 50% functional improvement in activities of daily living with medication use. The pain was rated 8/10 in severity and relieved to 4/10 with medications. Urine drug screens were likewise appropriate as stated. Guideline criteria for continuing opioid management were met. Therefore, the request for Norco 10/325mg #9 is medically necessary.