

Case Number:	CM14-0209134		
Date Assigned:	12/22/2014	Date of Injury:	08/16/2012
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old who was injured on 8/16/2012. The diagnoses are status post left elbow surgery, status post left humerus fracture and left ulnar neuritis. There was a past history of lumbar radiculopathy, low back pain, right trochanter bursitis and myofascial pain syndrome that predated the work injury. On 10/22/2014, [REDACTED] noted subjective complaint of pain score of 3-6/10 on a scale of 0 to 10. There is decreased ADL. The shoulder pain had resolved. The physical examination showed a normal range of motion of the left shoulder, mild tenderness to palpation at the left elbow and decreased sensation to light touch in the left ulnar nerve distribution. The patient noted a 50% reduction in pain, reduction in burning sensations and increased ADL with utilization of gabapentin. A 10/22/2014 UDS was consistent with prescribed opioid medication. The medications listed are Norco, gabapentin and topical analgesic creams. A Utilization Review determination was rendered on 12/3/2014 recommending non certification for Norco 10/325mg tid #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91, 76, 78, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Opioids .

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioid medications can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with non opioid medications and PT. The chronic use of opioids can be associated with the development of tolerance, opioid induced hyperalgesia, dependency, addiction, sedation and adverse interaction with other sedatives. The records did not show subjective or objective findings consistent with exacerbation of musculoskeletal pain. The pain was classified in the mild to moderate range. The patient reported significant pain relief, increased ADL and reduction of numbness with the use of gabapentin. The criteria for the chronic use of Norco 10/325mg tid #90 was not met.