

Case Number:	CM15-0132071		
Date Assigned:	07/23/2015	Date of Injury:	12/08/2007
Decision Date:	08/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59-year-old female, with a reported date of injury of 12/08/2007. The mechanism of injury was the banging of her left elbow on a metal compactor while taking out the trash. The injured worker's symptoms at the time of the injury included left elbow pain. The diagnoses include chronic multifactorial industrial based wrist and left elbow pain. Treatments and evaluation to date have included oral medications, physical therapy with no benefit, surgical removal of scar tissue through the elbow region, two carpal tunnel releases in 2010 and 2011, and heat and cold therapy. According to medical report dated 06/01/2015, the diagnostic studies to date have included electrodiagnostic studies on 03/05/2012 and 04/01/2008; x-rays; and an MRI of the left elbow on 08/07/2009. The consultation report dated 06/01/2015 indicates that the injured worker described increased weakness to the left hand to a point where she was dropping items with regularity. Norco helped to relieve her symptoms; however, she has not had the medication since 2013. Her pain was rated 6-8 out of 10; her current pain level was rated 7 out of 10. Norco was restarted at a relatively low dose in an effort to improve function. The follow-up appointment was scheduled for 06/15/2015. The visit note dated 06/15/2015 indicates that the injured worker was seen for a re-evaluation of her industrial-based injury of the wrists and left elbow, which was unchanged since she was last seen. She stated that she had not filled her Gabapentin prescription. It was noted that the injured worker previously had a small dose of Norco, which had been of benefit and was generally quite well tolerated. The injured worker's average pain level in the last week was rated 6 out of 10. There was sleep disturbance from pain rated 7 out of 10. The objective findings include tenderness through the left elbow and bilateral wrists, demonstrating difficulty grasping or maintaining a fist. The treatment plan included Norco refilled at a maximum of two tablets per day. The injured worker was at low risk for

opioid abuse, and she would be tested with urine drug testing in an unannounced fashion. It was noted that the opioid agreement was reviewed, signed, and dated. Follow-up would be in two months for a reassessment. It was indicated that the injured worker was on disability. The treating physician requested Norco 10/325mg #60 for June and July.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg (for June) Qty: 60: Overturned

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker had not been taking Norco since 2013; however, the medication was restarted on 06/01/2015. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is evidence that the injured worker's current past medications included Ibuprofen, Gabapentin, and Vioxx. The MTUS states that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. A review of the injured workers medical records reveal that opioids are being restarted to improve function and this intervention appears appropriate for this injured worker therefore the request for Norco 10/325 mg (for June) Qty: 60 is medically necessary.

Norco 10/325 mg (for July) Qty: 60: Overturned

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker had not been taking Norco since 2013; however, the medication was restarted on 06/01/2015. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is evidence that the injured worker's current past medications included Ibuprofen, Gabapentin, and Vioxx. The MTUS states that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. A review of the injured workers medical records reveal

that opioids are being restarted to improve function and this intervention appears appropriate for this injured worker, it is noted that she is low risk for abuse and the 4 A's of analgesia, activities of daily living, adverse effects, aberrant drug behavior were addressed, she has a pain contract and a urine drug screen will be performed in compliance with ACOEM guidelines. Therefore, the request for Norco 10/325 mg (for July) Qty: 60 is medically necessary.