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| Case Number: | CM15-0137904 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 07/10/2013 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

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: California, District of Columbia, Maryland
 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 injured worker is a 49-year-old female, who sustained an industrial injury on 7/10/2013. She reported injury of the right shoulder and right elbow when her arm caught in a conveyer belt. Diagnoses include elbow pain, lateral epicondylitis, shoulder pain, ulnar neuropathy, and muscle spasm. Treatments to date include medication therapy, physical therapy, and steroid injection to the right elbow and use of a TENS unit. Currently, she complained of pain in the right shoulder, right elbow, right wrist and the neck. Pain with medication was rated 6/10 VAS and 8/10 VAS without medication. On 7/1/15, the physical examination documented tenderness about the trapezius with trigger point noted. The range of motion in the right shoulder was decreased with positive impingement tests and tenderness. The right elbow was tender to palpation with restricted range of motion and a positive Cozen's test and positive Tinel's sign. The MRI of the right elbow was noted to be significant for partial tendon tears. The plan of care included a prescription for Norco 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids. "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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". Review of the available medical records reveals insufficient documentation to support the medical necessity of norco or sufficient documentation addressing the "4 A's" domains, which is a recommended practice for the on- going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted that pain with medications was rated 6/10 and 8/10 without medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 6/3/15 was negative for opiates. CURES were not available. As MTUS recommends discontinuing opioids if there is no overall improvement in function, therefore the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.