MAXIMUS Federal Services

Case Number:	CM15-0183238		
Date Assigned:	10/14/2015	Date of Injury:	12/19/2009
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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:

This 37 year old male sustained an industrial injury on 12-19-09. Documentation indicated that the injured worker was receiving treatment for lumbar disc disease with protrusion, left patellar chondromalacia, left ankle sprain and strain, right thumb tenosynovitis, left shoulder impingement syndrome, depression. Previous treatment included left shoulder arthroscopy with debridement and labral repair, physical therapy, injections, epidural steroid injections, psychotherapy and medications. In a PR-2 dated 8-24-15, the physician noted that the injured worker had "quite a bit" of right elbow pain associated with numbness and tingling that radiated into the fingers, low back pain and left ankle pain. The injured worker's pain level was not quantified. Physical exam was remarkable for tenderness to palpation along the right elbow and along the medial and lateral joint line, pain along the ulnar nerve with positive Tinel's at the elbow and elbow range of motion: flexion 15 degrees. The injured worker could do full right elbow extension. The injured worker had been prescribed Norco since 2012. The treatment plan included requesting left elbow x-rays and prescriptions for Norco, Tramadol ER, Naproxen Sodium, Protonix, Gabapentin, Trazodone and Flexeril. On 9-9-15, Utilization Review noncertified a request for Norco 10-325 #60 and Trazodone 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate 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. There is no evidence of significant pain relief or increased function from the opioids used to date. The patient has been taking Norco since 2012. Therefore, the request for Norco 10/325 mg #60 is not medically necessary.