MAXIMUS Federal Services

Case Number:	CM15-0183415		
Date Assigned:	09/24/2015	Date of Injury:	02/24/2014
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
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: Texas, New York, California
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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic elbow and forearm pain reportedly associated with an industrial injury of February 24, 2014. In a utilization review report dated August 20, 2015, the claims administrator failed to approve a request for Norco and Motrin. The claims administrator referenced an August 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 6, 2015 office visit, the applicant reported 6/10 elbow, wrist, and forearm pain. The applicant had developed arthritis of the elbow joint status post a healed ulnar nerve fracture, the treating provider contended. Norco and Motrin were renewed. The attending provider stated that the applicant's medications were proving beneficial but did not elaborate further. The applicant was given an extremely proscriptive limitation of no use of the right upper extremity. It did not appear that the applicant was working with the said limitation in place. The attending provider professed that the applicant had reported 50% reduction in pain scores with ongoing medication consumption. On June 25, 2015, the applicant reported 5/10 pain complaints. The attending provider stated that the applicant's medications were beneficial but did not, once again, elaborate further. The applicant was given refills of Norco and Motrin. The attending provider imposed the same, unchanged, quite proscriptive 'no use of the right arm' limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #30: 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: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not clearly reported on June 25, 2015 or August 6, 2015, although it was suggested that the applicant was not working following the imposition of rather proscriptive limitations on the part of the attending provider. While the attending provider did recount 50% reduction in pain scores reportedly effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Ibuprofen 800 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Motrin (ibuprofen), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations so as to ensure proper use and so as to manage expectations. Here, however, work restrictions were renewed on August 6, 2015, unchanged when contrasted against her prior note of June 25, 2015. Ongoing usage of Motrin failed to curtail the applicant's dependence on opioid agents such as Norco. It did not appear the applicant was working as of the date in question, it was further noted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of Motrin. Therefore, the request was not medically necessary.