

Case Number:	CM15-0187821		
Date Assigned:	09/29/2015	Date of Injury:	05/09/2014
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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 65 year old male, who sustained an industrial injury on 05-09-2014. He has reported injury to the left shoulder and left upper extremity. The diagnoses have included left shoulder strain; left rotator cuff syndrome; left medial epicondylitis; left hand paresthesias with EMG (electromyography) suggestive of carpal tunnel; ulnar neuritis, left elbow; and status post left elbow ulnar nerve transposition, on 02-26-2015. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Percocet and Norco. A progress note from the treating physician, dated 08-12-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the head, neck, mid back, left shoulder, left arm, left elbow, left wrist, left hand, left leg, and left knee; the pain is described as cutting, throbbing, cramping, and burning with muscle pain, pins and needles sensation, and skin sensitivity to tight touch; the pain is associated with tingling, numbness, and weakness in the left arm, left hand, and left leg; the pain is constant in frequency and severe in intensity; and the severity of the pain is rated as 8 out of 10, but as 7 at its best and 9 at its worst. Objective findings included he is in no acute distress; he ambulates without an assistive device with a normal gait pattern; there is tenderness to palpation over the left superior trapezius; left shoulder range of motion is decreased; there is tenderness to palpation over the anterior and lateral aspects of the shoulder; upon shoulder flexion and abduction, motor strength is 4+ out of 5 on the left; and upon elbow flexion and extension, motor strength is 4 out of 5 on the left. The treatment plan has included the request for Norco 10-325mg #30 for 30 days supply Med 10. The original utilization review, dated 09-03-2015, modified the request for Norco 10-325mg #30 for 30 days supply Med 10, to Norco 10-325mg #30 to allow this one prescription for purposes of opioid taper for discontinuation over the next 1-2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10-325mg #30 For 30 Days Supply Med 10: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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 no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, 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. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.