

Case Number:	CM15-0190820		
Date Assigned:	10/07/2015	Date of Injury:	05/28/2014
Decision Date:	11/20/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 34 year old male sustained an industrial injury on 5-28-14. Documentation indicated that the injured worker was receiving treatment for epicondylitis with chronic right elbow pain and chronic right shoulder pain. Previous treatment included physical therapy, right shoulder superior labral anterior posterior repair (12-23-14) and medications. In PR-2's dated 5-28-15 and 6-25-15, the injured worker complained of pain rated 8 out of 10 on the visual analog scale without medications and 5.5 with medications. In PR-2's dated 7-9-15 and 8-6-15, the injured worker complained of pain rated 9 out of 10 without medications and 7 out of 10 with medications. In a Pr-2 dated 8-6-15, the injured worker complained of pain 9 out of 10 on the visual analog scale without medications and 7 out of 10 with medications. The treatment plan included continued increase of MS Contin 30 mg twice a day and continuing Norco three times a day. In a PR-2 dated 9-3-15, the injured worker complained of ongoing pain rated 8.5 out of 10 without medications and 7 out of 10 with medications. Physical exam was remarkable for right shoulder with tenderness to palpation over the right acromioclavicular joint, biceps groove and coracoid process with range of motion: flexion 170 degrees, abduction 170 degrees, internal rotation 70 degrees and external rotation 80 degrees and 4 out of 5 motor strength and right elbow with tenderness to palpation over the lateral epicondyle with range of motion flexion 140 degrees, extension -10 degrees. The physician noted that physical therapy and medications provided mild pain relief. Right shoulder surgery provided no significant pain relief. The injured worker stated that he did not want steroid injections. The injured worker had been prescribed Norco since at least 4-2-15 and MS Contin since 5-28-15. The treatment plan included discontinuing Embeda and MS Contin 30mg and increasing Norco to four times a day for breakthrough pain and tapering MS Contin to three times a day. On 9-21-15, Utilization Review modified a request for MS Contin 15 #90 and Norco 10-325mg #120 to MS Contin 15mg and Norco 10-325mg #120 for one additional month for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg take 1 three times a day #90: 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: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there was no documentation of any improvement in function. Therefore, the request is not medically necessary.

Norco 10/325mg take 1 four times a day as needed #120: 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: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there was no documentation of any improvement in function. Therefore, the request is not medically necessary.