

Case Number:	CM15-0206164		
Date Assigned:	10/23/2015	Date of Injury:	05/27/2010
Decision Date:	12/07/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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
 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:

The injured worker is a 47 year old male who sustained an industrial injury on 05-27-2010. Medical records indicated the worker was treated for left elbow pain. On the day of his industrial injury he sustained a comminuted radial head and proximal ulnar fracture. He had surgery several days later, followed by two additional surgeries (06-30-2010 and 02-03-2011) the first for hardware removal and open revision, open reduction of the left proximal ulna fracture non-union-malunion with an iliac crest bone graft, left radial head replacement, and left elbow contracture release. The second surgery was left elbow hardware removal, and left anterior and posterior contracture release with anterior capsulectomy and excision of heterotropic ossification. His diagnoses include Monteggia's fracture-closed; fracture of the radius head-closed, joint contracture of the upper arm; and osteoarthritis not otherwise specified, upper arm. He was referred to a pain management specialist 12-13-2012. In the provider notes of 09-17-2015, the injured worker complains of aching in his left elbow. Lifting, walking and straightening his arm makes the pain worse, and lying down, medications and sitting make the pain better. He rates the pain as a 7 on a scale of 0-10 without the medications and a 2 on a scale of 10 with pain medications. He has had no changes in pain or in symptoms since his last appointment. On exam, he reports joint pain, denies muscle pain, joint swelling, muscle weakness. There is a long posterior scar from proximal elbow joint to forearm. Range of motion on the left elbow is decreased by 60 percent in all planes. Sensation is intact and equal in both hands and arms. There is no tenderness to palpation of the elbow, but there is tenderness to palpation of the radial surface of the proximal forearm. The treatment plan includes continuation

with his transcutaneous electrical nerve stimulation (TENS) unit, continuation of Norco (since at least 11-02-2012), and continuation of Tramadol ER (since 08-20-2015) and Ibuprofen. A request for authorization was submitted for Norco 10mg #120, and Tramadol HCL 100mg #60. A utilization review decision 09-30-2015 modified the Norco request to certify 1 prescription of Norco 10 mg #90 between 09-17-2015 and 11-28-2-15. The request for tramadol was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, indicators for addiction, Opioids, criteria for use, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 As for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 As for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. Further, the patient has had urine drug screening with inconsistent results; the presence of nonprescribed opioids. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Norco is not considered as medically necessary. In the

Utilization Review process, the request for Norco was modified to provide an amount that would support the weaning process. This action is consistent with the above cited MTUS guidelines.

Tramadol HCL 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Tramadol. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 As for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 As for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. Further, the medical records indicate that the patient has had urine drug testing with inconsistent results; specifically, testing positive for nonprescribed opioids. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Tramadol is not considered as medically necessary.