

Case Number:	CM15-0206762		
Date Assigned:	10/23/2015	Date of Injury:	06/03/2014
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female who sustained an industrial injury on 6-3-14. She is not working. The medical records indicate that the injured worker has been treated for lateral epicondylitis and is status post right elbow lateral epicondylar release and extensor carpi radialis brevis reconstruction of the right elbow (4-27-15). She currently (9-1-15) continues with mild to moderate pain in the right elbow over the lateral epicondylar region. Pain levels were not enumerated. On physical exam of the right elbow and hand there was a well healed incision in the area of the right elbow, mild tenderness over the lateral epicondylar region with resistance of right long finger to extension, range of motion of her elbow is from 0 to 135 degrees of flexion, full pronation and supination in the forearm to 80 degrees and equal and symmetric to the opposite side. Treatments to date include medication: Norco (ordered 4-20-15), Ultracet, and Prilosec. She is unable to use non-steroidal anti-inflammatories due to severe gastric reflux per 7-27-15 note); physical therapy (15 sessions per 7-27-15 note); home exercise program. The request for authorization was not present. On 9-18-15 Utilization Review non-certified the retrospective request for Norco 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #30: 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, criteria for use.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.