

Case Number:	CM15-0206956		
Date Assigned:	10/23/2015	Date of Injury:	08/16/2012
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
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: North Carolina

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 is a 64 year old female with a date of injury of August 16, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for left elbow sprain. Medical records (May 19, 2015; June 15, 2015; August 11, 2015; September 9, 2015) indicate that the injured worker complained of constant moderate left elbow pain. The physical exam (May 19, 2015; June 15, 2015; August 11, 2015; September 9, 2015) reveals decreased range of motion of the left elbow, and tenderness to palpation of the anterior elbow, lateral elbow, medial elbow, and posterior elbow. Treatment has included medications (Norco since at least April of 2015; Voltaren gel, Gabapentin) and left elbow surgery. The urine drug screen dated June 15, 2015 showed results consistent with the injured worker's prescribed medications. The injured worker's work status was not documented in the submitted records. The original utilization review (September 17, 2015) partially certified a request for Norco 10-325mg #60 to allow for weaning (original request for #90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 1 PO TID PRN Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.