

Case Number:	CM15-0207143		
Date Assigned:	10/23/2015	Date of Injury:	03/20/2013
Decision Date:	12/04/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/21/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 39 year old male who sustained a work related injury on 3-20-13. A review of the medical records shows he is being treated for right wrist and right elbow pain. In the progress notes dated 10-1-15, the injured worker reports improved but persistent right elbow pain. He reports the bottom of his right elbow is intermittently numb. He reports numbness, tingling and pain in the fourth and fifth fingers up to his armpit. He reports constant but decreased pain in right wrist. On physical exam dated 10-1-15, he has moderate tenderness over the medial epicondyle. He has mild dorsal right wrist tenderness. Treatments have included bilateral shoulder cortisone injections, acupuncture x greater than 12 sessions to elbows, right elbow and wrist surgery, physical therapy, psychotherapy, and medications. Current medications include Tylenol #3, Lyrica and Naprosyn. Norco was ordered in June 2015. Norco is ordered again at this 10-1-15 office visit. He is temporarily totally disabled during postoperative period. The treatment plan includes requests for Norco and Ketoprofen cream. The Request for Authorization dated 10-5-15 has requests for Norco and Ketoprofen cream. In the Utilization Review dated 10-9-15, the requested treatment of Norco 5-325mg. 1-2 tabs every 4-6 hours as needed, #30 with 3 refills is modified to Norco 5-325mg. 1-2 tabs every 4-6 hours as needed, #30 with no refills. The requested treatment of Ketoprofen 20%, apply 1 pump 3-4 times a day, #120gm. with 3 refills is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, 1-2 tabs every 4-6 hours as needed for pain, #30 with 3 refills, prescribed 10/01/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids for chronic pain, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/1/15. Therefore, the request is not medically necessary.

Ketoprofen 20%, Apply 1 pump 3-4 times per day, #120gm, with 3 refills, prescribed 10/01/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines regarding the use of topical NSAIDs "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.