

Case Number:	CM15-0034001		
Date Assigned:	02/27/2015	Date of Injury:	12/04/2006
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 60 year old male, who sustained an industrial injury on 12/4/2006. On 2/23/15, the injured worker submitted an application for IMR for review of Prospective usage of Norco 10/325 mg #90 time 2 refills. The treating provider has reported the injured worker complained of severe pain in the trapezius lately, also pain in elbow and right side, due to work, cold weather, and heavier pots. It is documented the injured worker has had to take a few more Norco lately and added ibuprofen as well. The diagnoses have included medial epicondylitis, contusion to elbow, myalgia and myositis, unspecified; lateral epicondylitis; esophageal reflux. Treatment to date has included acupuncture; urine drug screening for medical management and medications. On 2/17/15 Utilization Review MODIFIED Prospective usage of Norco 10/325 mg #90 time 2 refills to generic Norco 10/325mg #60 without refills for initiation of a downward titration and complete discontinuation of this medication. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Norco 10/325 mg #90 time 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 02/11/15 report the patient presents with severe pain in the Trapezius and right neck along with intermittent elbow discomfort. The current request is for PROSPECTIVE USAGE OF NORCO 10/325 mg #90 TIME 2 REFILLS Hydrocodone, an opioid per the 02/11/15 RFA. The patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient has been prescribed this medication since 04/24/12. The treating physician states on 12/15/14 that the patient uses this medication intermittently as needed for pain and that good day pain is 5/10 and on a bad day 8/10. However, it is not clear if this is pain with medication or without. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales with use of opioids. Pain scales are not routinely used to assess pain. The patient is noted to be working; however, opiate management issues are not fully addressed. Side effects and adverse behavior are not discussed. The treating physician does note use of CURES and states that the 01/28/14 UDS report is consistent for prescribed medications. However, the 12/10/14 urine toxicology report included shows an unexpected result Hydrocodone not detected. The reports provided do not discuss this inconsistent test. In this case, there is insufficient documentation of analgesia and opiate management as required by the MTUS guidelines. The request IS NOT medically necessary.