

<b>Case Number:</b>	CM15-0046797		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 47 year old male, who sustained an industrial injury on 05/27/2010. The injured worker is currently diagnosed as having closed Monteggia's fracture, closed radius head fracture, upper arm joint contracture, upper arm osteoarthritis, and chronic pain syndrome. Treatment to date has included Transcutaneous Electrical Nerve Stimulation Unit, home exercise program, and opiate analgesics. In a progress note dated 05/28/2014, the injured worker presented with complaints of left elbow pain. The treating physician reported that the injured worker will continue with his Transcutaneous Electrical Nerve Stimulation Unit and home exercise program along with medication management and prescribed Norco for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The patient presents with complaints of left elbow pain rated 7/10 without and 2/10 with medication. The request is for NORCO 10/325 MG #120. The RFA provided is dated 06/02/14. Patient's diagnosis included closed Monteggia's fracture, closed radius head fracture, upper arm joint contracture, upper arm osteoarthritis, and chronic pain syndrome. The patient is to return to modified duty. 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater states, opioids are necessary for chronic intractable pain. The patient continues to feel that medications help control their pain and increase function. They feel they can perform increased ADLs with their medications. They deny any significant side effect with medications. There is no aberrant behavior. The patient has signed an opioid contract Per progress report dated 05/28/14, CURES report was compliant. Urine toxicology was done on the same date; results not discussed or provided. In this case, the treater provides general statements in addressing the 4As and does not elaborate on the reason for the continuation of the opioid therapy. Although analgesia is shown via the provided pain scales, there is no documentation of specific ADLs to show significant functional gains with the use of opiates. There is no use of validated instruments showing functional improvement either. General statements that there is increase in function and ADL's are inadequate. The request is not in accordance with the guidelines. Therefore, the request IS NOT medically necessary.