

Case Number:	CM15-0050524		
Date Assigned:	03/24/2015	Date of Injury:	07/21/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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 44 year old male, who sustained an industrial injury on 7/21/13. He has reported injury to left arm/triceps, elbow and lumbar spine while working as a truck driver and injury occurred when he was getting out of the truck missed the step and fell. The diagnoses have included sprain/strain of elbow/arm, enthesopathy of elbow region, and lesion of ulnar nerve, lumbar strain/sprain and history of hypertension. Treatment to date has included medications, surgery, physical therapy, diagnostics, and Home Exercise Program (HEP). Surgery has included repair of left triceps tendon rupture on 8/6/13. Currently, as per the physician progress note dated 2/18/15, the injured worker complains of continued left arm/elbow moderate pain which he feels has worsened. He also complains of associated sleep issues due to pain. The physical exam revealed grip strength was 50, 58, 60 and 2, 4, 2 with mild pain noted. The measurements of the right biceps were 45 centimeters and the left was 43 centimeters. The forearm measured 34.5 centimeters and the left forearm measured 33 centimeters. The current medications included Lisinopril and Norco. The physician noted that the injured worker rated the pain 8/10 on pain scale without medication and 4/10 with medication. It was also noted that he can do his Home Exercise Program (HEP) and activities of daily living (ADL's) better with the use of medications. The physician requested treatment included Norco tablets 5/325 mg Qty 30 (MED minimally effective dose 5) for the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 5/325 mg Qty 30 (MED minimally effective dose 5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

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

Decision rationale: The patient presents with left arm and elbow pain rated at 8/10 without and 4/10 with medication. The request is for NORCO TABLETS 5/325MG QTY 30 (MED MINIMALLY EFFECTIVE DOSE 5). The request for authorization is dated 02/20/15. The patient is status-post left triceps repair, date unspecified. EMG/NCS of the upper extremities, date unspecified, shows mild carpal tunnel syndrome and median nerve entrapment. His previous physical therapy only consists of electrical muscle stimulation and ice, no active range of motion or strengthening is provided. Patient's associated symptoms include sleep issues. The patient is able to do his home exercises and activities of daily living with the medications. The patient does not abuse any of the medication and is very compliant. The patient is temporarily totally disabled. 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, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. Prescription history is not provided so it is unknown when and for how long the patient is prescribed Norco. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater does discuss how Norco improves patient's activities of daily living with a specific example of an ADL by documenting the patient is able to do his home exercises. Analgesia is discussed also, showing pain reduction with use of Norco by documenting pain rating of 8/10 without and 4/10 with medication. And there is a statement by the treater regarding adverse effects and aberrant drug behavior. However, per UDS reports dated, 09/17/14 and 10/15/14, both reports show inconsistent results for Hydorcodone, as it is reported prescribed but not detected in the sample. No CURES of opiod pain contract either. Furthermore, no validated instrument is used to show functional improvement. The treater has documented some but has not adequately documented all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.