

Case Number:	CM15-0088993		
Date Assigned:	05/13/2015	Date of Injury:	04/12/2004
Decision Date:	06/22/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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: Arizona, California
 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 04/12/2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post right lateral epicondylectomy on 03/2007, intractable right lateral epicondylitis, and possible right posterior interosseus nerve syndrome secondary to radial nerve irritation. Treatment and diagnostic studies to date has included medication regimen, above listed procedure, electromyogram, and physical therapy. In a progress note dated 04/15/2015 the treating physician reports complaints of ongoing complaints of bilateral hip and right elbow pain with the current pain level to the right elbow a 7 out of 10 and pain level to the bilateral hip a 2 out of 10. Examination noted tenderness on palpation of the elbows at the surgical site along with full range of motion with flexion and extension to be painful. The injured worker's current medication regimen includes Norco, Cymbalta, Prilosec, and Wellbutrin with the treating physician indicating that the injured worker takes Norco only as needed and reported that on this visit her pain level was 7 out of 10 without medication regimen, but the documentation did not indicate the injured worker's pain level with medication regimen. The documentation also did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested Norco 10/325mg with a quantity of 60 with 3 refills noting that the injured worker is to continue on her current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg (2 times daily) Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 78-80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months with varied pain scale response and range from 4-7/10 in the past. There is no mention of Tylenol failure. Future pain response cannot be determined to provide future refills. The Norco with 3 refills is not medically necessary.