

Case Number:	CM15-0241815		
Date Assigned:	12/18/2015	Date of Injury:	08/14/2012
Decision Date:	01/29/2016	UR Denial Date:	11/11/2015
Priority:	Standard	Application Received:	12/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male, who sustained an industrial injury on 8-14-2012. Diagnoses include left lateral epicondylitis, lumbar disc displacement, and lumbar strain. Treatments to date include activity modification, lumbar brace, elbow brace, physical therapy, home exercise, and medication therapy including anti-inflammatory, muscle relaxant, NSAID, and Norco 5-325mg twice daily since approximately January 2015. Currently, he complained of on-going pain in the left elbow and low back. He rated back pain 8 out of 10 VAS and elbow pain 5-6 out of 10 VAS with 40% relief from Norco and Butrans patches and increased functional ability noted. The CURES report was addressed and appropriate. The physical examination documented tenderness with palpation along lumbar muscles. The plan of care included ongoing medication therapy. At re-evaluation on 11-4-15, the subjective and objective findings were unchanged. The plan of care included ongoing medication management. The appeal requested authorization for Norco 5-325mg #45. The Utilization Review dated 11-11-15, modified the request to allow Norco 5-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary and Other Medical Treatment Guidelines Butrans prescribing information.

Decision rationale: The claimant sustained a work injury in October 2012 when he fell from a ladder while working as a window washer. He landed on his back and left elbow. When seen in November 2015 he had just started using Butrans. He had 30-40% pain relief for seven days. He was able to do more housework. He was having left elbow pain with clicking and occasional numbness to his fingers and low back pain with occasional radiating symptoms to both feet. He had pain rated at 6-8/10. Physical examination findings included pain with lumbar paraspinous muscle palpation. Straight leg raising was negative. There was a normal neurological examination. Butrans was prescribed. Norco, Anaprox, and trazodone were also requested. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. However, Butrans is also being prescribed. Butrans is a partial agonist with a very high affinity for the μ 130; opioid receptor. Prescribing Butrans with another opioid medication such as Norco would be expected to decrease the efficacy of the Norco and there are other available sustained release opioid medications that could be considered. Prescribing Norco while also prescribing Butrans is not appropriate and is not medically necessary.