

Case Number:	CM14-0119550		
Date Assigned:	09/16/2014	Date of Injury:	07/23/2003
Decision Date:	10/21/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 53-year-old individual was reportedly injured on July 23, 2003. The mechanism of injury was noted as a pain in the right elbow while trying to catch a large patient who was falling. The most recent progress note, dated June 23, 2014, indicated that there were ongoing complaints of chronic low back pain and upper extremity pain. The physical examination demonstrated a range of motion of 70 of lumbar flexion, which was limited by pain and 10 of lumbar extension. Right elbow extension was painful and left elbow range of motion was painful in all planes. Swelling over the left elbow joint was noted with tenderness to palpation over the right lateral epicondyle and the left lateral and medial epicondyles. Strength testing was 5/5 with right grip strength and 4/5 left grip strength. A 4/5 finger extension strength was noted bilaterally. Light touch sensation was decreased over the right medial calf. Diagnostic imaging studies have included an MRI of the left shoulder, which revealed mild impingement. Electrodiagnostic studies of the upper extremity in August 2012 demonstrated normal findings. The record indicated that an MRI of the left elbow was attempted but not performed due to claustrophobia and that additional plans were underway for repeat testing. However, there was no identifiable documentation via the medical records confirming this was, in fact, completed, or the findings. Prior treatment has included physical therapy, TENS therapy, bracing, pharmacotherapy, and bilateral elbow surgical intervention. A request had been made for Norco 10/325 mg #120 and was not certified in the pre-authorization process on July 2, 2014.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26; Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. First, it should be noted that the claimant tested positive for cTHC in her last toxicology screen while receiving opiate medications and did not have a medical marijuana card. The clinician's response to this finding references nothing in the treatment plan, or treatment provided addressing this finding. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic low back pain and bilateral upper extremity pain after a work-related injury in 2003. The claimant continues to have 10/10 pain despite treatment that therapies initiated. Review of the available medical records fails to document any objective or clinical improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.