

Case Number:	CM14-0120024		
Date Assigned:	09/16/2014	Date of Injury:	07/28/2000
Decision Date:	10/27/2014	UR Denial Date:	07/10/2014
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 Occupational 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:

Injured worker is a 60 year-old male with date of injury 07/28/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/24/2014, lists subjective complaints as pain in the left elbow. Injured worker is status post total arthroplasty of the left elbow on 10/23/2012. Objective findings: Examination of the left elbow revealed tenderness to palpation of the medial epicondyle and ulnar groove. Range of motion was limited in all planes secondary to pain. Tinel's sign was positive. Diagnosis: 1. Left elbow status post total arthroplasty 2. Bilateral elbow medial/lateral Epicondylitis 3. History of left upper extremity reflex sympathetic dystrophy 4. Left knee contusion/medial meniscal tear (per 2001 MRI) 5. Psychiatric diagnosis 6. Cervical spine strain. 7. Left upper extremity radiculitis. The medical records supplied for review document that the injured worker has been taking the following medications for at least as far back as one year. Medications are Norco 5/325mg, #120 SIG: one tab every four to six hours for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen(Norco)Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that "continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life." Despite the long-term use of narcotics, the injured worker has reported very little, if any, functional improvement or pain relief over the course of the last year. The request for Norco 5/325mg #120 is not medically necessary.