

Case Number:	CM14-0160661		
Date Assigned:	10/06/2014	Date of Injury:	01/30/2014
Decision Date:	11/06/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/30/2014

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 & Rehabilitation 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 injured worker is a 60-year-old female who reported an injury on 01/30/2004. The mechanism of injury was not provided. The injured worker's diagnoses included epicondylitis of the lateral elbow, cervical radiculitis, carpal tunnel syndrome, myofascial pain, status post multiple surgeries to bilateral upper extremities, and poor coping with chronic pain. The injured worker's past treatments included breathing exercises, reading, home exercise program, H wave, and medications. There were no relevant diagnostic studies included. The injured worker's surgical history included multiple surgeries to the bilateral upper extremities. On 08/22/2014, the injured worker complained of pain that she rated a 10/10 on a pain scale. She reported her mood issues continue and she has high stress secondary to family issues. Upon physical examination, she was noted with tenderness to palpation in the upper extremities/cervical region. The injured worker's medications included Bengay ultra strength cream. The request was for Norco 10/325 mg. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77-80.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The California MTUS Guidelines may recommend ongoing opioid therapy for injured workers with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include quantified current pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The guidelines state to continue opioids if the injured worker has returned to work and if the injured worker has improved functioning and pain. The documentation indicated that the injured worker has had a prescription for Norco 10/325 mg since at least 03/2014, however, the documentation does not indicate the efficacy of the medication or if the injured worker was using the medication. The documentation submitted did not provide evidence of monitoring for occurrence of potentially aberrant drug related behavior, like a urine drug test. The documentation did not provide sufficient evidence of significant objective functional improvement. She reported her pain level 10/10, however, there was no indication of whether or not she could successfully perform activities of daily living or the efficacy of her current medications. In the absence of documentation with sufficient evidence of significant objective functional improvement, documented evidence of monitoring drug compliance with a urine drug test, and a complete and thorough pain evaluation, to include the current quantified pain, the least reported pain over the period since last assessment, intensity of pain after taking medications, and how long pain relief lasts, the request is not supported. Additionally, as the request is written, there was no frequency provided. Therefore, the request is not medically necessary.