

Case Number:	CM14-0028393		
Date Assigned:	06/20/2014	Date of Injury:	06/12/2005
Decision Date:	08/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/06/2014

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 Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 43-year-old woman who sustained a work-related injury on June 12, 2005. Subsequently, she developed chronic right elbow pain. Although her initial injury started with the right elbow, due to compensatory measures, she has developed left medial and lateral epicondylitis and left third trigger finger, and right third trigger finger. She underwent left carpal tunnel release on October 10, 2011. According to a progress note dated on February 17, 2014, the patient underwent a right elbow surgery on May 11, 2009 with a right lateral epicondylar open repair. Additional lateral epicondylar repair was performed on March 8, 2010 and a third surgery for the lateral epicondylitis was performed on June 7, 2011. The patient continues to be symptomatic of her right elbow pain. The patient used Vicodin for pain relief and physical therapy. An MRI performed on September 25, 2013 and was normal. This did not corroborate with the patient's subjective complaints and her objective findings. She has then undergone a PRP injection for the left lateral epicondylitis without resolve. The patient continues to experience left elbow pain. The progress report dated May 19, 2014 states that the patient continues to have right elbow pain. Also, she continues to experience a trigger finger at the right third digit. Examination of the right elbow revealed some pain with palpation at the medial and lateral epicondyles. The right hand examination revealed triggering finger at the right third digit with a palpable painful nodule. The patient was diagnosed with bilateral lateral epicondylitis, bilateral medial epicondylitis, and right third trigger finger. The provider requested authorization for Hydrocodone/APAP 10/325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of Norco. There is no clear documentation of the efficacy/safety of previous use of Hydrocodone/APAP. Prior request for Hydrocodone/APAP 10/325 on December 12, 2013 was reduced from #120 to #90 and there is no subsequent objective documentation of pain and functional improvement. Therefore, the request for Hydrocodone/APAP 10/325 #120 is not medically necessary.