

Case Number:	CM14-0091496		
Date Assigned:	09/19/2014	Date of Injury:	03/30/2011
Decision Date:	10/23/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 male with a reported date of injury on 03/30/2011. The injury reportedly occurred when the injured worker was trying to remove a faucet that was stuck and pulled hard and injured the right elbow, wrist, and shoulder. His diagnoses were noted to include acromioclavicular sprain, osteoarthritis, myalgia and myositis, and lateral epicondylitis. His previous treatments were noted to include steroid injections and physical therapy. The progress note dated 04/10/2014, revealed complaints of pain to the shoulder and wrist. The physical examination revealed a decreased range of motion to the right shoulder and normal sensory examination. The rotator cuff strength was rated 3/5. The progress note dated 06/12/2014, revealed complaints of pain to the right thumb in the carpometacarpal joint and the right lateral elbow site. The injured worker denied numbness to the fingers or the dorsal radial hand. The physical examination revealed intact sensation to the right hand and the intrinsic motors were intact. The injured worker indicated a well preserved thumb and finger range of motion. The Request for Authorization form was not submitted within the medical records. The request was for Norco 10/325 mg #90 DOS: 05/19/2014 for breakthrough pain and Kadian ER 20mg #60 DOS: 05/19/2014 for baseline control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 DOS: 05/19/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED Calculator.

Decision rationale: The request for Norco 10/325 mg #90 DOS: 05/19/2014 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. According to The California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated, with Norco, he was taking it as needed for breakthrough pain. There is a lack of documentation regarding improvement functional status with regards to activities of daily living with the use of medications. There is a lack of documentation regarding side effects and the urine drug screen, performed 09/2013, was consistent with therapy. There is a lack of documentation regarding significant pain relief with utilization of Norco and the opioid Morphine equivalent dosage calculator indicates the Norco 10/325 mg 1 to 2 every 4 to 6 hours exceeds guideline recommendations of 100 med. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Kadian Er 20mg #60 DOS: 05/19/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED Calculator.

Decision rationale: The request for Kadian Er 20mg #60 DOS: 05/19/2014 is not medically necessary. The injured worker has been utilizing this medication since at least 12/2013. According to The California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated the medication brought his pain to 6/10 to 7/10 from 10/10. There is a lack of documentation regarding improvement functional status with regards to activities of daily living with the use of medications. There is a lack of documentation regarding side effects and the urine drug screen, performed 09/2013, was consistent with therapy. The opioid morphine equivalent dosage calculator indicated the combination and Norco and Kadian exceeded guideline recommendations of 100 med. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

