

Case Number:	CM14-0186389		
Date Assigned:	11/14/2014	Date of Injury:	03/07/2013
Decision Date:	01/07/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 injured worker is a 54-year-old female, with a reported date of injury of 03/07/2013. The injured worker injured her right elbow, after hitting the corner of a metal shelf. She felt immediate pain. The diagnoses include right elbow medial epicondylitis. The current diagnoses include lateral epicondylitis and medial epicondylitis of elbow joint. Treatment has included physical therapy times six (6) weeks to the right elbow; cortisone injection to the right elbow, which did not provide any relief; right elbow surgery in January of 2014; medications; additional physical therapy; right elbow magnetic resonance imaging (MRI); MR arthrogram of the elbow due to continued pain; bone scan of the right elbow, which showed asymmetric focal increased uptake in the medial aspect of the right elbow joint; and an elbow brace. The medical report dated 08/14/2014 noted that the injured worker rated her pain at 7 on a scale of 0 to 10. She indicated that the pain interferes with her activities of daily living, and she limits her activities to prevent the pain from getting worse. She is currently working full duties without limitation or restrictions. The physical exam showed tenderness over the right lateral elbow. There was increased pain with resisted extension of the long finger, which was consistent with lateral epicondylitis. The Tinel's, Phalen's, bent elbow, and Finkelstein's tests were negative. The note states that the injured worker takes Ibuprofen, Hydrocodone, and Ambien, and takes no other medications. The medical report dated 10/16/2014 indicated that the injured worker was taking Norco, with good effect. The right lateral epicondylar area was injected with Marcaine ml and Kenalog 20mg. It was reported that the injured worker's pain level with medication was 7 out of 10, and without medication 10 out of 10. The injured worker was able to function without medication, but more slowly with more pain, and she uses the left hand more. Risks versus benefits of medication were discussed, a pain contract is on file, and CURES report is consistent. The note indicates that the injured worker is taking Norco. A urine drug screen performed on

October 18, 2014 is positive for tramadol and Ambien. On 10/28/2014, Utilization Review (UR) modified the request for Norco 10/325mg #60 to Norco 10/325mg #30. The UR physician noted that the Norco should be tapered and discontinued. It was also noted that the injured worker is also taking Tramadol, and there is no medical necessity to continue with two opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the injured worker's function and pain with no side effects or aberrant use, and the injured worker is noted to undergo regular monitoring. It is acknowledged that the injured worker seems to be using two opiate pain medications (Ultram and Norco). This is not generally recommended, but is not explicitly precluded by guidelines. In light of the above, the currently requested Norco is medically necessary.