

Case Number:	CM14-0212639		
Date Assigned:	12/30/2014	Date of Injury:	03/20/2012
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 57 year old male with an injury date on 3/20/12. The patient complains of continuing right elbow pain rated 5/10 on VAS scale with medications, and 10/10 on VAS scale without medications per 11/20/14 report. The patient's elbow pain is unchanged and the groin pain is also unchanged per 11/20/14 report. The patient's activity level has remained the same, and his quality of sleep is poor per 10/23/14 report. Based on the 11/20/14 progress report provided by the treating physician, the diagnoses are: 1. Elbow pain 2. Hand pain 3. Wrist pain 4. Hernia not elsewhere classified A physical exam on 11/20/14 showed "right elbow has tenderness to palpation over medial epicondyle. Right wrist has tenderness to palpation over radial and ulnar sides." Right elbow range of motion is full per 6/6/14 rpeort. Range of motion of right wrist is not included in the reports. The patient's treatment history includes medications, ilioinguinal nerve block, right elbow arthroscopic surgery, electrodiagnostic studies, X-ray left finger/left thumb. The treating physician is requesting norco 10/325mg 1 PO TID #90. The utilization review determination being challenged is dated 12/9/14. The requesting physician provided treatment reports from 5/22/14 to 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1 PO TID # 90 (Max Med 53): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: This patient presents with right elbow/arm pain, right groin pain. The treater has asked for Norco 10/325 mg 1 PO TID # 90 on 11/20/14. Patient has been taking Norco since 6/11/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with Norco, stating "the medication was providing him some pain relief so he can perform self-care and other daily activities a little easier" per 11/20/14 report. His Norco was not authorized and he began to contemplate suicide due to pain per 9/4/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. "Some relief," and "a little easier" daily activities do not constitute evidence of significant ADL/functional improvement. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.