MAXIMUS Federal Services

Case Number:	CM14-0212700		
Date Assigned:	12/30/2014	Date of Injury:	04/06/2000
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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: New Jersey
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with an injury date of 04/06/2000. A follow up visit dated 04/28/2014 described the patient returning for medication follow up/refill. She is now working and reports epicondylar pain about the same. She is prescribed the following medications; Vit E, Co-enzyme Q, Fish Oil, Multi-Vit, Ibuprophen, Capsin, Ambien CR, Altace, Diazepam, Norco and Tizanidine. Allergies are noted as: Celebrex, Codeine, Skelaxin and Vioxx. Physical examination found epicondyles tender with palpation bilaterally and medially; positive resisted hand down grip and lift test,positive resisted palm up grip and lift test and positive resisted palm down supination test. Lastly positive home up resisted pronation test. She was diagnosed with medial and lateral epicondylitis. Prior treatments incled; CTS surgery, physical therapy, injections and further surgical consult. The following visit dated 07/30/2014 described initiating of weaning off medicaiton Norco with follow up in six weeks. Six week follow up dated 09/10/2014 showed a new complaint of pain and newly diagnosed quarter size lump under the skin surface near the right elbow. She reports that with touch she feels shooting pain across the tip of the right arm from the wrist to the shoulder. Physical examination found right posterior proximal ulnar shaft area with a 2 cm fluctuant mass overlaying the bony surface .She is also noted positive for provocative testing. An additional diagnoses of adjustment reaction with prolonged depresses noted placed and prescribed to continue with full work duty. Lastly, a visit dated 11/12/2014 described bilateral elbow pain as slightly worse due to increased work flow. She was also noted with partial loss of sensation on the right hand index and ring fingers. A

request for services was made on 11/13/2014 asking for medication: Norco. The Utilization review denied the request on 11/20/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Tabs, #150, 1 Tab Po Q4-5hr Pm Max 6 per Day, As an Outpatient for Bilateral Elbow Pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning Page(s): 124.

Decision rationale: The MTUS states that weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. In the case of this worker, weaning of Norco was stated as being already initiated and tolerated well (6 pills per day of Norco 10/325 mg). In the progress note, dated 11/13/14, the requesting provider documented as intending to prescribe, "norco 10/325 150, 1/2-1 q4-6 hours PRN pain, limit 5/day," which is a lower daily limit than the 6 per day limited previously. In the request, however, #150 of Norco with a max per day of 6 was included rather than the 5/day limit. The 5 per day limit would have been appropriate had it been requested as it would be a continuation of the appropriate weaning down of the Norco. This might lead to confusion on how many to take per day.Therefore, the Norco "6 per day" will not be considered medically necessary. Continuation of the wean, however, is still recommended.