MAXIMUS Federal Services

Case Number:	CM14-0213633		
Date Assigned:	12/31/2014	Date of Injury:	03/20/2013
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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 58 year old female with an injury date of 03/20/13. The most recent report provided is the progress report dated 11/11/14. It is handwritten and partially illegible. This reports states that the patient presents with pain in right elbow, hands and fingers rated 7/10 with medications and 10/10 without. The patient is not working. The 10/29/14 AME states the patient presents with constant pain in both upper extremities in the hands, elbows and fingers and right forearm. With average pain rated 5-8/10 depending on activity level. Examination reveals pain and tenderness in elbows in the lateral epicondyle with epicondylitis. Tinel's is positive bilaterally. Range of motion of the wrists is moderately limited bilaterally. There is paresthesia in the ring and middle fingers along with catching and constrictive tenosynovitis in both fingers. The patient's diagnoses of include: 1. Overuse and myofascial pain (11/11/14 progress report) 2. Chronic tendinitis (11/11/14 progress report) 3. Chronic pain syndrome (11/11/14 progress report) 4. "Illegible" (11/11/14 progress report) 5. Repetitive stress injury both upper extremities (10/29/14 AME) 6. Diffuse tenosynovitis both forearms, wrists, and hands (10/29/14 AME) 7. Cervical and lumbar sprain/strain (08/21/14 progress report) 8. Shoulder arthritis (08/21/14 progress report)The patient received a TPI in the shoulder girdle (date unknown) and flare ups are now diminished. Medications listed by the AME are: Norco, Soma (for sleep), Asthma medication (not specified), Prozac, and a water pill for hypertension. The utilization review is dated 11/26/14. Reports were provided for review from 05/12/14 to 11/11/14. Most reports are handwritten and greatly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 and Medication for chronic pain Page(s): 88-89, 76-78 and 60-61.

Decision rationale: The patient presents with pain in the bilateral hands, elbows, fingers and right forearm with additional diagnoses of cervical lumbar sprain/strain and shoulder arthritis. The current request is for Norco 10/325mg #180 (Hydrocodone, an opioid) per the 11/11/14 RFA. The 11/26/14 utilization review modified this request from #180 to #60.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 reliefThe reports provided show the patient has been prescribed Norco since at least 05/12/14. The 08/12/14 report states that Norco works for the patient's pain and the 08/21/14 report states that pain medications still help. Pain is routinely assessed through the use of pain scales. Pain is rated 10/10 on 05/29/14, 7-8/10 from 06/20/14 through 09/10/14 and 7/10 with medications and 10/10 without on 11/26/14. ADL's are addressed. A questionnaire completed on 11/11/14 states medications do not affect (presumably help), toileting, eating, and use of the phone. The questionnaire further states the patient can only do a list of 12 specific activities with the help of medications that include: grooming, dressing, bathing, showering, shopping, cooking, laundry, driving and gardening. However, opiate management issues are not addressed. No urine toxicology reports are provided or discussed. There is no discussion of adverse side effects, aberrant behavior or CURES. No outcome measures are provided. In this case, there is not sufficient documentation to support long-term opioid use as required by MTUS. The request is not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Page(s): 29.

Decision rationale: The patient presents with pain in the bilateral hands, elbows, fingers and right forearm with additional diagnoses of cervical lumbar sprain/strain and shoulder arthritis. The current request is for Soma 350mg #60 per the 11/11/14 RFA. The 11/26/14 utilization review modified this request from #60 to #20.MTUS Soma page 29 states, "Not recommended.

This medication is not indicated for long term use." MTUS Muscle relaxants for pain pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. The reports provided state this medication is intended for "sleep". The MTUS states the medication is intended for short term use of no more than 2-3 weeks. In this case, the reports show the patient has been prescribed the medication from at least 09/10/14 through 11/11/14, and the request is for an additional #60 which does not indicate short-term use. The request is not medically necessary.