MAXIMUS Federal Services

Case Number:	CM15-0018830		
Date Assigned:	02/06/2015	Date of Injury:	10/11/2012
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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 & Rehabilitation

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 54-year-old male sustained an industrial injury to bilateral upper extremities on 10/11/12. The injured worker was diagnosed with extensor tendon rupture, bilateral distal radicular fractures and possible left upper extremity carpal and cubital tunnel syndrome. The injured worker subsequently complained of ongoing neck, left shoulder, left elbow, left wrist and low back pain. Magnetic resonance imaging lumbar spine (4/19/13) showed multilevel degenerative changes with canal stenosis and neural foraminal narrowing. Recent treatment included left elbow surgery, bone graft stimulator, acupuncture, medications, psychiatric care and psychological care. In a PR-2 dated 1/7/15, the injured worker reported that his low back and lower extremity pain had improved after an epidural steroid injection lumbar spine on 1/6/15. The injured worker also reported that medications help with pain and muscle spasms, allowing him to perform activities of daily living. The injured worker reported pain to the neck, low back, left shoulder, wrist and elbow at 5-9/10 on the visual analog scale with medications and 3/10 without. Current diagnoses included closed maxillary fracture, left ulnar neuropathy at wrist and elbow, lumbar radiculopathy, acromioclavicular sprain, left rotator cuff sprain, left elbow sprain, lumbar and cervical sprain, SLAP tear of shoulder and superficial nerve damage over left elbow. The treatment plan included continuing, acupuncture, home exercise and medications (Cyclobenzaprine, Norco, Lidocaine, Metformin and Blimepiride) and requesting authorization for a left knee magnetic resonance imaging. On 1/22/15, Utilization Review modified a request for Norco 10/325mg #120 to Norco 10/325mg #60, citing CA MTUS Chronic Pain Medical

Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 1/22/2015 Utilization Review letter states the Norco 10/325mg, #120 requested on the 1/07/15 medical report was modified for weaning, because there was not enough documented evidence of specific quantifiable subjective and objective improvement in pain and function to justify continuation of opioids. According to the 1/07/15 physiatry report, the patient presents with neck, back and left upper extremity pain. He had an ESI on 1/6/15 and feels the pain has improved. He had left elbow and wrist surgery on 9/25/14. Pain is reported as 8-9/10 without medications, and 3/10 with medications. The records show the patient has been on opioid therapy since 2013. MTUS guidelines for long-term users of opioids (6-months or more) apply. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for Opioids, long-term assessment criteria for use of opioids Long-term Users of Opioids [6-months or more] provides the criteria Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The patient had a recent surgery on the left upper extremity on 9/25/14 and is still reported to be using the bone stimulator. More recently he underwent a lumbar epidural injection on 1/6/15. The patient was reported to have injuries to multiple body regions. The patient is reported to be improving with the upper extremity, lower back, but not the left knee. The report did not discuss the neck. Norco was reported to decrease pain from 8-9/10 to 3/10, and make walking, bending and lifting less painful. The physician states the urine drug testing has been consistent and there were no side effects. The patient has a signed opioid agreement on file, and is only receiving medications from one office. There appears to be satisfactory response with use of Norco. The use of Norco appears to be in accordance with MTUS guidelines. The request for Norco 10/325mg, #120 is medically necessary.