

Case Number:	CM15-0172093		
Date Assigned:	09/14/2015	Date of Injury:	05/11/2014
Decision Date:	10/19/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female, who sustained an industrial injury on 5-11-14. Medical record indicated the injured worker is undergoing treatment for persistent left shoulder pain, rule out internal derangement; persistent left wrist pain and rule out carpal tunnel syndrome. Treatment to date has included open reduction internal fixation of left radial wrist; oral medications including Norco 5-325mg (since at least 3-16-15), Relafen 750mg and Prilosec 20mg; acupuncture and activity modification. On 6-8-15, she complained of ongoing wrist pain and elbow pain of left upper extremity; she notes Norco brings her pain for a 9 out of 10 to a 5 out of 10. Currently on 7-6-15, the injured worker reports continued left upper extremity pain and notes pain level 9 out of 10 without medication and 5 out of 10 with medications. She is currently not working. Physical exam on 6-8-15 revealed tenderness to palpation of the medial side of the left elbow with some mild swelling. Physical exam on 7-6-15 revealed a well-healed scar over the anterior distal left forearm with weakness in left grip strength compared to right. The treatment plan included prescriptions for Norco 10-325mg #30, Relafen 750mg and Prilosec 20mg #30. On 8-18-15, utilization review non-certified a request for Norco noting there is no documentation of functional benefit or improvement as a reduction in work restrictions, increase in activity tolerance or reduction in use of medications or medical services as a result of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of Norco nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.