

Case Number:	CM15-0023580		
Date Assigned:	02/13/2015	Date of Injury:	10/11/2012
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44 year old female who sustained an industrial injury on 10/11/2012. Current diagnoses include carpal tunnel syndrome right and left, cubital tunnel syndrome right, tenosynovitis/tendonitis elbow right, epicondylitis lateral right elbow. Previous treatments included medication management, elbow injections, and physical therapy. Report dated 12/15/2014 noted that the injured worker presented with complaints that included right elbow and right shoulder pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/23/2015 non-certified a prescription for Norco, based on the denial of the requested surgery the medical necessity for the post-operative pain medication is not substantiated. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg 100 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #100 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are carpal tunnel syndrome bilateral; tenosynovitis/tendinitis right elbow; cubital tunnel syndrome right; and epicondylitis right elbow. The documentation indicates the injured worker was taking Tramadol from August 2014 through October 6, 2014. The treating physician requested Norco 5/325 mg #100. The injured worker was unable to tolerate the Tramadol. The utilization review questioned the number of pills #100 requested. The injured worker through November and December 2014 was taking Tylenol #3. There was no documentation with a specific indication for #100 Norco tablets. The documentation did not contain objective functional improvement as it related to Tramadol prior to the change. Consequently, absent clinical documentation with objective functional improvement with an indication for the quantity requested (#100), Norco 10/325 mg #100 is not medically necessary.