

<b>Case Number:</b>	CM15-0064885		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	09/08/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: 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 38 year old male who sustained an industrial injury on 09/08/2013. Current diagnoses include left radial head fracture malunion with possible instability, left elbow posttraumatic flexion contracture, left elbow cubital tunnel syndrome, and elbow arthralgia. Previous treatments included medication management, occupational therapy, physical therapy, and home exercise program. Previous diagnostic studies included x-rays, MRI, CT scan, MR arthrogram, and electromyography/nerve conduction velocity study. Initial complaints included right elbow pain and right leg soreness after tripping and falling. Report dated 12/11/2014 noted that the injured worker presented with complaints that included left elbow pain with occasional numbness and tingling in his left arm. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included recommendation for surgical intervention, pre-operative medical clearance, post-operative physical therapy, home CPM machine, Stat-a-dyne or dynasplint for extension, and intrascalene catheter. Disputed treatment includes Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 1-2 tabs PO q 4-6 PRN, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 3 Initial Approaches to Treatment Page(s): 47-48, 40-46, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. 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 aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for elbow conditions. The orthopedic progress report dated 12/11/14 documented elbow complaints. The date of injury was 9/8/13. The 12/11/14 progress report was the latest report. The request was for Norco 10/325 mg for the date of service 2/19/15. The corresponding progress report was not present in the submitted medical records. Therefore, the request for Norco 10/325 mg for the date of service 2/19/15 is not supported by MTUS guidelines. Therefore, the request for Norco 10/325 mg is not medically necessary.