

Case Number:	CM15-0075239		
Date Assigned:	04/27/2015	Date of Injury:	05/25/2010
Decision Date:	05/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old female, who sustained an industrial injury on May 25, 2010. She reported left elbow pain, low back pain and left lower extremity pain and weakness. The injured worker was diagnosed as having medial epicondylitis, complex regional pain syndrome, radiculitis of the neck and shoulder, low back pain, left hip pain, lower extremity radiculitis, obesity and insomnia. Treatment to date has included diagnostic studies, surgical intervention of the left upper extremity, physical therapy, pain injections, medications and work restrictions. Currently, the injured worker complains of reported left elbow pain, low back pain and left lower extremity pain and weakness with associated radicular symptoms to the four extremities. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted while at work she experienced severe left arm pain after trying to catch a 30 pound box of washers that was falling. She required surgical intervention of the left elbow. Later while walking up her stairs the left hand grip gave way causing her to fall against her husband and the wall twisting her back. Evaluation on March 27, 2015, revealed continued pain as noted with associated restlessness at night. Pain medications and a functional restoration program were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old female has complained of left elbow and low back pain since date of injury 5/25/10. She has been treated with surgery, physical therapy, injections and medications to include opioids since at least 08/2012. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

1 Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 31-32.

Decision rationale: This 50 year old female has complained of left elbow and low back pain since date of injury 5/25/10. She has been treated with surgery, physical therapy, injections and medications. The current request is for 1 functional restoration program (FRP). Per the MTUS guidelines cited above, an adequate and thorough evaluation is recommended prior to initiating a functional restoration program with clear delineation of baseline function prior to consideration of entry into a FRP. The provided medical records do not document a thorough evaluation of baseline function or functional goals as is recommended in the MTUS guidelines. On the basis of this lack of documentation, a FRP is not medically necessary.