

Case Number:	CM14-0153694		
Date Assigned:	09/23/2014	Date of Injury:	02/07/2009
Decision Date:	11/03/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and forearm pain reportedly associated with an industrial injury of February 7, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier elbow epicondylar release surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 16, 2014, the claims administrator failed to approve request for naproxen and Norco. The applicant's attorney subsequently appealed. In a March 18, 2014 progress note, the applicant was described as having persistent complaints of elbow pain. The applicant was placed on disability as of May 2013, it was acknowledged. The attending provider suggested that the applicant's pain medications were helping him to remain functional. This was not elaborated upon, however. It was noted that the applicant was presently unemployed. The applicant's medication list included Dendracin, naproxen, Norco, and Restoril. In another section of the note, it was stated that the applicant had 7/10 pain. Multiple medications were refilled. The applicant remained on total temporary disability, it was acknowledged. In an April 17, 2014 progress note, the applicant returned presenting with 7/10 elbow pain. The applicant was again described as not working. The applicant was asked to continue Norco. While it was stated that Norco was helping, this was not elaborated upon. There were some concerns expressed about the applicant's receiving Benzodiazepine anxiolytics through multiple providers.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE / APAP 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic; Ongoing Management topic. Page(s): 79; 78.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, discontinuation of opioids is indicated in applicants who make repeated violations from the medication contract. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that applicants receive prescription from a single practitioner. In this case, it has been suggested that the applicant is violating his pain contract by receiving analgesic and/or anxiolytic medications from multiple providers. Discontinuing Hydrocodone-Acetaminophen appears to be more appropriate than continuing the same, in this context. Therefore, the request is not medically necessary.

NAPROXEN 550MG #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic; 9792.20f. Page(s): 22; 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naproxen do represent the traditional first-line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no clear demonstration of medication efficacy with ongoing Naproxen usage. The applicant is off of work. The applicant continues to report 7/10 pain or greater, despite ongoing usage of naproxen. Ongoing usage of Naproxen has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.