

Case Number:	CM14-0155542		
Date Assigned:	10/03/2014	Date of Injury:	04/24/2003
Decision Date:	11/07/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old female with an injury date of 04/24/03. Based on the 07/22/14 progress report provided by [REDACTED], the patient complains of neck, shoulder and arm pain. Physical examination revealed tenderness of rotator cuff, lateral epicondyle and distal radial junction. Positive Phalen's and Tinel's. Patient is working full duty to tolerance. Her medications include Norco and Ultram, and are taken as needed. Norco has been prescribed in progress report dated 03/04/14. Laboratory report dated 10/17/13 detected Tramadol and no Hydrocodone. Progress report dated 04/29/14 states patient continues to do self care when out of work to decrease inflammation. Diagnosis 07/22/14- status post right lateral epicondylectomy- status post cubital tunnel release 06/18/13- status post right medial epicondylectomy- right shoulder impingement- right shoulder tendinitis- bilateral wrist tendonitis- insomnia- gastritis [REDACTED] is requesting Norco 10/325mg #60 One tablet every 12 hours. The utilization review determination being challenged is dated 08/22/14. The rationale is: "medical records do not provide a rationale to support the use of opioids on a chronic basis." [REDACTED] is the requesting provider, and he provided treatment reports from 02/11/14 - 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #60 One Tablet Every 12 Hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 78 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain (MTUS 60,61)CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIO.

Decision rationale: The patient presents with neck, shoulder and arm pain. The request is for Norco 10/325mg #60 One tablet every 12 hours. She is status post right lateral epicondylectomy, right medial epicondylectomy and cubital tunnel release. Her diagnosis dated 07/22/14 includes right shoulder impingement, right shoulder tendinitis and bilateral wrist tendonitis. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco has been prescribed in progress report dated 03/04/14. In this case, while treater states that patient is "working full duty to tolerance," and takes Norco as needed, he does not document opiate management such as side effects, adverse behavior or outcome measures. There is no urine toxicology or other opiate management issues that are addressed. MTUS require documentation of all four A's. Recommendation is for denial.