

Case Number:	CM14-0052098		
Date Assigned:	07/07/2014	Date of Injury:	09/08/2005
Decision Date:	11/16/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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. 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 48 year old male who sustained an industrial injury on 9-8-05. A review of the medical records indicates he is undergoing treatment for history of right shoulder arthroscopy x 2, chronic pain of the right shoulder, chronic and recurrent lateral epicondylitis on the right side, and status post right lateral epicondylar injection. Medical records (10-23-13 to 3-26-14) indicate ongoing complaints of right shoulder and right elbow discomfort. He reports continued "intermittent" numbness and tingling in his right little finger and right ring finger. He indicates difficulty with gripping, grasping, forceful activity, and laying on his right side. Additional effects on activities of daily living are not included in the records. The physical exam (3-26-15) reveals "continued loss of full active and passive motion of the right shoulder" with weakness. Positive Tinel's test is noted over the cubital tunnel. Mild tenderness to palpation is noted of the medial and lateral epicondylar region. A urine drug screen was completed on 10-23-13 and is positive for hydrocodone and hydromorphone. No other diagnostic studies are provided in the records. Treatment has included Norco 10-325, 1 tablet every 6 hours for pain. He has been receiving this medication since, at least, 10-23-13. Additional previous treatment is not included in the medical records. The utilization review (4-9-14) indicates a request for authorization of Norco 10-325mg #120. This was modified to a quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 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 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are history right shoulder arthroscopy (#2); chronic pain right shoulder; chronic and recurrent lateral epicondylitis right; and status post right lateral epicondylar injection. Date of injury is September 8, 2005. Request for authorization is April 3, 2014. According to a March 26, 2013 progress note, the treating provider is prescribing hydrocodone 10/325 mg. The start date is not specified. The most recent progress note in the medical record is dated October 23, 2013. There is no contemporaneous clinical documentation on or about the date of request for authorization, April 3, 2014. According to the October 23, 2013 progress note, the treating provider continues to prescribe hydrocodone/APAP 10/325 mg. There is no documentation demonstrating objective functional improvement. There are no risk assessments for detailed pain assessments. There is no documentation indicating an attempt to wean Norco 10/325mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation on or about the date of request for authorization and no risk assessments or detailed pain assessments, Norco 10/325mg #120 is not medically necessary.