MAXIMUS Federal Services

Case Number:	CM14-0016689		
Date Assigned:	02/21/2014	Date of Injury:	06/01/2009
Decision Date:	06/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopedic Surgery 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 injured worker is a 64-year-old individual was injured in June, 2009. There is no noted mechanism of injury identified in the records reviewed. There are ongoing complaints of bilateral upper extremity symptoms and the records reflect that steroid injections into the bilateral elbows have been completed last November. The physical examination noted crepitus and painful range of motion involving the right wrist. The diagnosis is listed as a lateral epicondylitis in the right and left elbow as well as osteoarthritis in the right wrist. The records reflect that the medications soma and Percocet were not certified in the preauthorization process. Urine drug screening has been completed and it was noted that the prescribed medications were not present in the urine sample.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As noted in the literature, this medication is not recommended. According to California Medical Treatment Utilization Schedule (CAMTUS) guidelines, this is not indicated for long-term use as the active metabolite clearly affects the side effect profile.Therefore, there is no clinical indication presented to support this request. Accordingly, this is not clinically indicated.

PERCOCET 10/325 MG #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Specific Drug List Page(s): 86, 91.

Decision rationale: This individual has a long history of a lateral epicondylitis, osteoarthritis of the wrist. The use of opioids is not indicated for arthritic changes, according to California Medical Treatment Utilization Schedule (CAMTUS) guidelines. Therefore, when considering the remainder of the medication treatment protocol, the diagnosis offered and the lack of any efficacy or utility with the utilization of this preparation in the past, there is insufficient clinical data presented support this request. This is not medically necessary.