

Case Number:	CM14-0092235		
Date Assigned:	07/25/2014	Date of Injury:	04/28/2006
Decision Date:	09/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 58-year-old male who reported an injury on 04/28/2006. The mechanism of injury was not stated. Current diagnoses include compression neuropathy at the elbow, carpal tunnel syndrome, intrasubstance neuroma of the ulnar nerve, shoulder arthralgia, shoulder impingement syndrome, rotator cuff tear, osteoarthritis of the knee, status post repair of the coracoacromial ligaments, osteoarthritis of the elbow joint, status post total knee arthroplasty, nonspecific low back pain, bulging annulus fibrosis of the lumbar spine, degenerative disc disease of the lumbar spine, and hypertension. The injured worker was evaluated on 04/02/2014 with complaints of minimal pain over the right elbow. It is noted that the injured worker was 5 weeks status post decompression of the ulnar nerve on the right. The current medication regimen includes hydrocodone 10/325 mg and lisinopril. Physical examination revealed a well-healed surgical incision at the right elbow, minimal tenderness, and hypoesthesia in the distribution of the ulnar nerve. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 01/2014. There is no documentation of objective functional improvement. There was also no frequency listed in the current request. As such, the request is not medically necessary.

Robaxin 750mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66..

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. There is no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the request. As such, the request is not medically necessary.