MAXIMUS Federal Services

Case Number:	CM14-0135947		
Date Assigned:	09/03/2014	Date of Injury:	01/08/2009
Decision Date:	07/03/2015	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/22/2014

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: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 35 year old female, who sustained an industrial injury on 1/8/09. She reported initial complaints of left elbow pain. The injured worker was diagnosed as having ulnar neuritis; tenosynovitis wrist/hand; medial/lateral epicondylitis; traumatic cervical brachial syndrome; traumatic subluxation left median nerve; cervical brachial plexus lesions. Treatment to date has included physical therapy; bracing; status post left ulnar nerve transposition (9/22/10); behavioral health medicine; medications. Diagnostics included EMG/NCV bilateral upper extremities (2/18/10); MRI left elbow (4/5/10; 4/20/12). Currently, the PR-2 notes dated 6/11/14 indicated the injured worker was in the office as a scheduled follow-up visit. The provider documents the injured worker states parts of her injury have worsened with pain scale noted at 10/10. She has not had physical therapy/occupational therapy; has not been seen by a chiropractor or had an acupuncture treatment since her last visit. She is currently taking: Norco 10/325mg 1 tab 3-4 times a day; Lidoderm 5% patch; Omeprazole 20mg 1 daily and Advil 800mg one every 8 hours PRN She is now 4 months post-partum. She continues to report "severe pain" in her left elbow with weakness and paresthesia. She is a status post left ulnar nerve transposition on 9/22/10. On physical examination the left elbow shows decreased range of motion with flexion at 120 degrees, extension at 90 degrees; supination 60 degrees. There is pain with motion of the left elbow with resisted rotation of the left forearm showing medial epicondylar pain. The cubital tunnel is tender to palpation with positive Tinel. The left forearm notes the extensor flexor muscle bellies are tender. The provider's treatment plan includes continued home exercise, Smart glove left; Right Velcro wrist splint and resubmit a request for

EMG, MRI of the left elbow, physical therapy and referral to pain specialist. He has also requested a refill of Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 35 year old female with an injury on 01/08/2009. She had left elbow pain and on 09/22/2010, she had a left ulnar nerve transposition. The cubital tunnel is tender to palpation and Tinel sign is present. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.