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| Case Number: | CM14-0198657 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 05/23/2008 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 10/31/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 Texas. 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 38 year old female who was injured on 5/23/2008. The diagnoses are tendinitis of the right elbow and right shoulder, right shoulder and right elbow pain. The past surgery history is significant for right wrist surgery. The patient completed PT, acupuncture treatments and joint injections. On 10/21/2014, [REDACTED] noted subjective complaint of right shoulder and right elbow pain. There was wrist pain with associated hand numbness and tingling sensation. There was objective finding of tenderness over the medial epicondyle. The range of motion was noted as normal. The medications listed are Norco, Soma and Xanax. The UDS report on 9/16/2014 was inconsistent with absent opioids or Soma metabolite. A Utilization Review determination was rendered on 10/31/2014 recommending non certification for Norco 10/325mg Q 4-6hrs #150 and Soma 350mg #60 BID + 2 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg q 4-6 hrs #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records did not indicate that the patient was findings consistent with exacerbation of severe pain. There is no documentation of failed NSAIDs treatment. The patient is utilizing multiple medications with sedative properties. The documentation of compliance monitoring showed some inconsistent UDS reports. The criteria for the use of Norco 10/325mg #150 were not met.

Soma 350mg #60 1 tab bid (scripts + 2 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records did not indicate that the patient had findings consistent with exacerbation of severe pain. There is no documentation of failed NSAIDs treatment. The patient is utilizing multiple medications with sedative properties. The use of Soma is associated with central sedative effects from the meprobamate metabolite that has anesthetic like action. The documentation of compliance monitoring showed some inconsistent UDS reports. The criteria for the use of Soma 350mg BID #60 with 2 Refills was not met.