

Case Number:	CM14-0211227		
Date Assigned:	12/24/2014	Date of Injury:	04/18/2005
Decision Date:	02/13/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/16/2014

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 Family Practice, 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:

61 yr. old female claimant sustained a work injury in August 2005 involving the right and left arm. She was diagnosed with right radial tunnel syndrome and left wrist strain. The claimant had been treated with Norco and Soma for several months. A progress note on 11/5/14 indicated the claimant had 5-6/10 pain. Exam findings were notable for tenderness in the right forearm and pain in the right wrist against resistance. The claimant was continued on Norco and Soma for pain. Physical therapy was requested as well as continuation of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone 7.5mg #120 DOS 11/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case,

the claimant had been on Hydrocodone for a several months without significant improvement in pain or function. There was no indication of Tylenol or NSAID failure. The continued use of Hydrocodone is not medically necessary.

Retrospective Soma 350mg #30 DOS: 11/3/14: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Soma is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with Hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Hydrocodone which increases side effect risks and abuse potential. The use of Soma is not medically necessary.