

Case Number:	CM15-0012495		
Date Assigned:	02/11/2015	Date of Injury:	02/15/2013
Decision Date:	04/07/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who reported an injury on 02/15/2013 due to cumulative trauma. His diagnoses included left lateral epicondylitis. His past treatments included medications and injections. On 12/09/2014, the injured worker complained of shooting pain with mild to moderate symptoms in the left elbow. His relevant medications were noted to include Naprosyn 650 mg. A request was received for Norco 10/325 mg tablet and Keflex 500 mg tablet. The rationale was not provided. A Request for Authorization form was submitted on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 76-77.

Decision rationale: The request for Norco 10/325 mg tablet is not medically necessary. According to the California MTUS Guidelines, prior to prescribing opioids, a physician and surgeon should establish patient goals with a baseline for pain and functional assessment. There should also be an assessment to include the history of pain treatment and the efficacy of pain and function from opioid use. Furthermore, the guidelines indicate that the physician or surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient in addition to a written pain agreement which will make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The injured worker was indicated to be undergoing a left lateral epicondyle denervation by excision with implantation of posterior branches of left posterior cutaneous nerve into deep muscle at brachioradialis or lateral head of triceps and possible detachment of left extensor carpi radial brevis from insertion site if indicated. Based on the surgical procedure, the request would be supported. However, the request failed to specify a quantity and duration. As such, this request is not medically necessary.

Keflex 500mg tablet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Infectious Diseases, Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious disease, Cephalexin (Keflex).

Decision rationale: The request for Keflex 500 mg tablet is not medically necessary. According to the Official Disability Guidelines, Keflex is recommended as a first line treatment for cellulitis and other conditions and is considered an empirical treatment for infections. The injured worker was indicated to be undergoing a left lateral epicondyle denervation by excision with implantation of posterior branches of left posterior cutaneous nerve into deep muscle at brachioradialis or lateral head of triceps and possible detachment of left extensor carpi radial brevis from insertion site if indicated. However, the request failed to specify a frequency and duration. As such, this request is not medically necessary.