

Case Number:	CM15-0029713		
Date Assigned:	02/23/2015	Date of Injury:	03/31/2009
Decision Date:	04/03/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/17/2015

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

Certification(s)/Specialty: Emergency Medicine

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 52 year old male, who sustained an industrial injury on 2/10/09. He has reported left upper extremity injury. The diagnoses have included left thoracic outlet syndrome, status/post left scalenectomy, left shoulder internal derangement and status post carpal tunnel surgery. Treatment to date has included physical therapy, medications, carpal tunnel surgery and scalenectomy. Currently, the injured worker complains of persistent left shoulder, left elbow and left hand/wrist pain with numbness and tingling. Tenderness of anterior left shoulder and weakness with flexion, abduction and external rotation of the left shoulder and tenderness of left wrist was noted on physical exam. On 1/19/15 Utilization Review non-certified Soma 350mg 1 tablet 4 times per day #120, noting it is not recommended for long term use and Norco 10/25mg 1 tablet every 6 hours #120, noting the lack of documentation supporting the length of time the injured worker has taken the medications and lack of documentation of previous drug screens. The MTUS, ACOEM Guidelines, was cited. On 1/27/15, the injured worker submitted an application for IMR for review of Soma 350mg 1 tablet 4 times per day #120 and Norco 10/25mg 1 tablet every 6 hours #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg 1 Tablet QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle Relaxants Page(s): 29, 63-66.

Decision rationale: The requested Soma 350 mg 1 Tablet QID #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has persistent left shoulder, left elbow and left hand/wrist pain with numbness and tingling. Tenderness of anterior left shoulder and weakness with flexion, abduction and external rotation of the left shoulder and tenderness of left wrist was noted on physical exam. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350 mg 1 Tablet QID #120 is not medically necessary.

Norco 10/25 mg 1 Tablet Q6H #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco 10/25 mg 1 Tablet Q6H #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has persistent left shoulder, left elbow and left hand/wrist pain with numbness and tingling. Tenderness of anterior left shoulder and weakness with flexion, abduction and external rotation of the left shoulder and tenderness of left wrist was noted on physical exam. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/25 mg 1 Tablet Q6H #120 is not medically necessary.