MAXIMUS Federal Services

Case Number:	CM15-0038305		
Date Assigned:	03/09/2015	Date of Injury:	10/07/2011
Decision Date:	04/10/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

October 7, 2011. According to progress note of January 15, 2015, the injured workers chief complaint was left elbow swelling, pain radiating to the shoulder and down to the hand. The pain was aggravated by forceful and non-forceful pushing, pulling, power gripping, simple grasping, gross handling and fine finger manipulation. The injured worker described the pain as constant, 8 out of 10 pain; 0 being no pain and 10 being the worse pain. The injured worker was currently taking Norco and Soma and using Lidocaine patches. The injured worker wears a brace to the left elbow. The physical exam noted slight swelling of the anterior area, which is medical of center and proximal to the medial epicondyle. There was tenderness noted at the area, unsure if muscle or soft tissue. The injured worker had full extension, which was equal to the other side, pronation of 90 degrees that was equal to the other side. The injured worker appeared to have full strength of the elbow in flexion and extension. The diagnostic testing of MRI of the left elbow, EMG/NCV and X-rays of the left elbow were negative for any findings. The injured worker was diagnosed with status post right shoulder surgery, left elbow strain/sprain, possible left elbow atypical medical epicondylitis and unexplained radiating symptoms of the left arm. The injured worker previously received the following treatments MRI of the left shoulder, x-rays, EMG/NCV, Soma, Naproxen and left elbow brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

Decision rationale: Norco 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 Norco an unknown length of time without documentation of pain scores or functional improvement with medication. The continued use of Norco is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol and Muscle Relaxants Page(s): 29 & 64-66.

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 (Norco) which increases side effect risks and abuse potential. Prolonged use greater than 2 -3 weeks is not recommended. The use of SOMA as prescribed is not medically necessary.