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| <b>Case Number:</b>   | CM15-0057052 |                              |            |
| <b>Date Assigned:</b> | 04/01/2015   | <b>Date of Injury:</b>       | 08/02/2005 |
| <b>Decision Date:</b> | 05/05/2015   | <b>UR Denial Date:</b>       | 02/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/25/2015 |

### 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, North Carolina  
 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:

This 62-year-old female sustained an industrial injury to the right upper extremity via repetitive trauma on 8/12/05. The injured worker underwent right radial tunnel decompression on 1/12/15. In a PR-2 dated 2/4/15, the injured worker complained of right proximal forearm, hand and elbow pain, rated 5/10 on the visual analog scale. Physical exam was remarkable for a well-healed incision without signs of infections and spasms of the forearm extensors. Current diagnoses included status post right radial tunnel decompression. The treatment plan included continuing postoperative physical therapy and a prescription for Norco. The physician noted that the injured worker had 9 remaining physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 7.5mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
 Page(s): 80.

**Decision rationale:** This is a request for continuation of opioid therapy. According to the MTUS, the cardinal criteria for the continuation of opioid therapy include successful return to work, improved functioning, and/or reduced pain achieved as a result of same. In this case, the criteria have not been met. There is no ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment is lacking in the medical records. Guideline criteria have not been met as there is no documentation of increased function or improved quality of life. The request for Norco is deemed not medically necessary.

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** SOMA is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioid agents. In this patient, the claimant is also using Norco, an opioid, concurrently. The claimant has failed to achieve any lasting benefit or functional improvement through ongoing use of SOMA as defined by MTUS parameters. This request is deemed not medically necessary.