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| Case Number: | CM13-0011912 | | |
| Date Assigned: | 09/20/2013 | Date of Injury: | 01/03/2002 |
| Decision Date: | 01/03/2014 | UR Denial Date: | 08/12/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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.

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 patient is a 58 YO, M that injured his neck and back on 1/3/02. He apparently has cervical and lumbar radiculopathy that is managed with epidural injections and medications, 2/27/13 [REDACTED], post LESI on 2/8/13 with 50% pain relief in low back, 80-90% relief in legs. medication use has decreased 50%. 4/19/13 Operative report, [REDACTED] C5-7 ESI. 4/30/13, [REDACTED], 60% relief in neck pain and 60% relief in back pain following LESI from February. 5/31/13 [REDACTED] LESI is wearing off.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: There are notes from 2013 from [REDACTED], both physicians describe reduction in medication use with the cervical and lumbar epidural injections. Unfortunately, there reporting on whether Norco has produced a satisfactory response, its efficacy or effects on pain, function or quality of life. MTUS for long-term users of opioids, states the patient's pain should be assessed each visit and an indication of the patient's decreased pain, increased level of function, or improved quality of life be measured in 6-month intervals

using a numerical scale or validated instrument. In this case, it appears the reporting over the past 6-months focuses on the effects of the cervical and lumbar ESIs without discussing efficacy of the oral medications. There does not appear to be any reporting that suggests the employee requires Norco. The MTUS criteria for use of opioids (for long-term users of opioids) has not been met. The request for Norco 5/325mg #60 is not medically necessary and appropriate.

Soma 350mg #30: Upheld

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

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

Decision rationale: The records show the employee was using Soma 350mg throughout 2013 and back through at least, the last parts of 2012, as far as the available records go. There is no mention of any reduction in pain or spasm or improved function with the use of the Soma in any of the reports. MTUS specifically recommends against long-term use of Soma. The request is not in accordance with MTUS guidelines. The request for Soma 350mg #30 is not medically necessary and appropriate.