

Case Number:	CM13-0040843		
Date Assigned:	12/20/2013	Date of Injury:	10/19/2011
Decision Date:	07/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male was reportedly injured on October 18, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 4, 2014, indicated that there were ongoing complaints of neck pain radiating into the bilateral upper extremities and lower back pain radiating to the bilateral lower extremities. Pain was rated at 8/10 without medications and 3/10 with medications. Medications were also stated to improve function, mood, and help him to perform activities of daily living with increased endurance and tolerance. There were also complaints of muscle spasms. Current medications included Motrin, Flexeril, and Percocet. The physical examination demonstrated decreased cervical and lumbar spine range of motion. There were tenderness and spasms along the paravertebral muscles of the cervical spine and tenderness along the lumbar spine. There were a positive Spurling's test and a left-sided straight leg raise test. There was decreased sensation on the left L5 and S1 nerve distributions. The treatment plan stated that the injured employee has transitioned to Percocet and was doing well. Refills were provided for existing medications. Previous treatment included a home exercise program. A request had been made for Norco and Soma and was not certified in the pre-authorization process on September 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. - 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 76.

Decision rationale: The most recent progress note dated June 4, 2014, stated the injured employee was doing well on the current regimen of Motrin, Flexeril and Percocet. These medications were stated to decrease pain and improve function and activities of daily living. Therefore, there was no longer a need or justification for the usage of Norco. This request for Norco is not medically necessary.

Soma350 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Carisoprodol Page(s): 29, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. - 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63.

Decision rationale: The most recent progress note dated June 4, 2014, stated the injured employee was doing well on the current regimen of Motrin, Flexeril, and Percocet. These medications are stated to decrease pain and improve function and activities of daily living. Therefore, there is no longer a need or justification for the usage of Soma. This request for Soma is not medically necessary.