

Case Number:	CM13-0046595		
Date Assigned:	10/24/2014	Date of Injury:	02/15/2002
Decision Date:	11/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/12/2013

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 Emergency Medicine 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: Patient has reported date of injury on 2/15/2002. Mechanism of injury is described as occurring while driving his truck and injured him while "yanking a train (chain?)". Patient has a diagnosis of chronic low back pains, L wrist carpal tunnel syndrome, depression, R knee arthritis and is post cervical C4-6 spine fusion on 2005. Medical reports reviewed and last report available until 11/11/13. Patient complains of low back pain, R knee pain, neck pain and depression. Pain is 5/10, constant and non-radiating. Objective exam reveals cervical tenderness to paraspinal region to bilateral trapezius. Range of motion (ROM) is reduced, normal sensation and motor exam. Lumbar exam reveals L4-5 tenderness, bilateral spasms with R side worst, decreased ROM and normal sensory and motor exam. R knee exam reveals pain with flexion and diffuse tenderness. No electrodiagnostic or imaging reports were provided for review. Current medications include Atenolol, Effexor, Ferosul, Klonopin, Norco, Protonix, Soma and Misoprostol. Independent Medical Review is for Norco 5/325mg #90 and Soma 350mg #120. Prior UR on 10/7/13 recommended denial. It certified prescription for Dexilant.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 325-5mg #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): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of all criteria. There is no noted objective improvement in function or pain even with current opioid therapy. There is no documentation of proper assessment for abuse. Documentation does not support continued use of opioids. Norco is not medically necessary.

1 Prescription of Soma 350mg #120: 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 Carisoprodol(Soma) Page(s): 29.

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. There is no documented improvement. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.