

Case Number:	CM13-0047356		
Date Assigned:	12/27/2013	Date of Injury:	03/22/2007
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery, 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. 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:

This is a 63-year-old female injured in a work related accident 03/22/07 and diagnosed at that time with left shoulder pain, low back pain, left lower extremity pain and bilateral knee pain. ■■■ documented that a recent physical examination showed equal and symmetrical deep tendon reflexes with 5/5 motor strength and difficulty with two point discrimination testing of the left lower extremity with "hypersensitivity". It was specifically documented at that time that "she does not need any medication." The physician recommended that she take "Motrin over-the-counter as needed" and requested massage therapy and physical therapy treatment to the lower extremity. At present, there is a request for Tramadol, Soma and Norco for further treatment in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Norco 10/325mg #120 start date 10/17/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAID)s..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 76-80, Opioids-Criteria For Use. Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, the recommendation for Norco would not be supported. At the last clinical assessment by [REDACTED], he documented that the claimant needed no medication other than "Motrin over-the-counter." Given the claimant's current chronic complaints of pain and failure to demonstrate documented benefit with prior medical management, MTUS Chronic Pain Guideline criteria would not indicate the need of this narcotic analgesic.

Decision for Soma 350mg #60 start date 10/17/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Non-steroidal anti-inflammatory drugs (NSAID)s..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain: Carisoprodol (Soma®).

Decision rationale: Based on Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment 2009 Guidelines, Soma would not be indicated. MTUS Chronic Pain Guidelines specifically contraindicate the role of Soma in the chronic pain setting stating that it is not for long term or chronic use. Initial parameters for use of the agent typically indicate only a three to four week period of usage in the acute stage of symptomatic flare. The specific role of this agent would not be documented as necessary.

Decision for Tramadol 50mg #240 start date 10/17/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Non-steroidal anti-inflammatory drugs (NSAID)s..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Tramadol (Ultram). Page(s): 75, 80-84, and 91-94.

Decision rationale: MTUS Chronic Pain Medical Treatment 2009 Guidelines would not support the need for continued use of Tramadol. According to the MTUS Chronic Pain Guidelines, Tramadol is only recommended for up to 16 weeks with medication usage beyond that time of unclear efficacy or uncertainty. The claimant's last clinical record documents: According to the treating physician [REDACTED] that no medications are currently necessary other than occasional over-the-counter use of Motrin. The specific role of this agent would not be indicated at this stage in the claimant's chronic course of care.