

Case Number:	CM13-0053337		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2007
Decision Date:	03/14/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The patient is a 57-year-old female who reported injury on 06/27/2007. The patient was noted to have cumulative trauma injury to her neck, back and bilateral arms as a result of repetitive motion. The patient was noted to have a right carpal tunnel release in 01/2009 and on the left side in 06/2009. The patient was noted to have undergone a left sacroiliac joint injection on 07/23/2013. Per the documentation of 03/14/2013, the patient at that time was taking Norco and Restoril. The documentation of 08/01/2013 indicated that the patient was in pain affecting the cervical spine, lumbar spine, right shoulder and bilateral arms. It was indicated the patient was taking Norco and Soma. The patient reported improvement in pain levels of 4/10 to 2/10 after taking the medications of Norco and Soma. The patient was noted to have tenderness over the trapezius and paravertebral muscles bilaterally. The Spurling's test was positive bilaterally. The patient's diagnoses included cervical spine myofascial strain, repetitive in nature, evidence of disc bulges at C3-4 with neural foraminal narrowing, bilateral shoulder bicipital tenosynovitis and status post carpal tunnel release bilaterally. The request was made for Norco, Soma, and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are a second line treatment for a short term acute exacerbation of chronic low back pain with treatment being supported for no longer than 2 to 3 weeks. Clinical documentation submitted for review indicated the patient had previously been on the medication in 03/2013. The patient reported improvement in pain levels of 4/10 to 2/10 after taking the medications of Norco and Soma. There is a lack of documentation of objective functional improvement with the medication. The physician indicated that the patient was to be provided Soma to alleviate the ongoing muscle spasms that were intermittent. However, as California MTUS Guidelines do not recommend ongoing treatment with muscle relaxants, the request for Soma 350 mg 1 #120 is not medically necessary.

Norco 10/325mg (PRN) as needed #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that opioids are appropriate for the treatment of chronic pain. There should be documentation of an objective decrease in a VAS score, and an objective functional improvement. Also, there should be documentation of adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review indicated that the patient would be taking the Norco for moderate to moderately severe pain. However, the request as submitted was noted to be for use on an as needed basis and as such there was a lack of documentation indicating the need for 120 tablets. There was a lack of documentation of the patient's objective functional improvement, adverse side effects and aberrant drug taking behavior. The patient's pain was noted to decrease from a 4/10 to a 2/10 with the medications. Given the above, the request for Norco 10/325 as needed #120 is not medically necessary.

Restoril 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the

treatment of choice in very few conditions. Clinical documentation submitted for review failed to provide documentation of objective functional improvement. Additionally, as the patient was noted to previously have been taking Restoril in 03/2013, there was a lack of documentation indicating a necessity for long term treatment with a benzodiazepine and objective functional benefit received from the medication. Given the above, the request for Restoril 15 mg #60 is not medically necessary.