

Case Number:	CM13-0059129		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2005
Decision Date:	05/08/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/29/2013

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 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 injured worker is a 58-year-old male who reported injury on 07/26/2005. The mechanism of injury was the injured worker was on top of a ladder and it broke causing the injured worker to land with his lower extremity caught on the ladder. Injured worker's medication history included Norco and Soma as of 01/2013. The injured worker underwent a C3-7 partial corpectomy, anterior cervical fusion, C3-7 using Actifuse and stem cells on 09/25/2013. The documentation of 11/05/2013 revealed the injured worker was taking Dilaudid, Norco and Soma. The symptoms were 6/10 to 9/10 on the VAS. The diagnoses included status post C3-7 anterior cervical discectomy and fusion 09/25/2013. It was indicated the injured worker would continue with current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180, WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain and Ongoing Management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the above criteria. The request as submitted failed to indicate the frequency for the medication. The injured worker had been taking the medication since early 2010. There was a lack of documentation indicating the necessity for 3 refills without re-evaluation. Given the above, the request for Norco 10/325 mg #180 with 3 refills is not medically necessary.

SOMA 350MG #120, WITH 3 REFILLS: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been on the medication for more than 6 months. There was a lack of documentation of objective improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Soma 350 mg #120 with 3 refills is not medically necessary.