

Case Number:	CM14-0005443		
Date Assigned:	06/13/2014	Date of Injury:	10/03/1999
Decision Date:	07/16/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 61 year old female who sustained an injury on 10/03/99. No specific mechanism of injury was noted. The injured worker was followed by [REDACTED] for chronic pain in the cervical spine radiating to the right upper extremity and low back pain radiating to the right lower extremity. The injured worker had been provided chronic medications including Norco. The most recent toxicology results were from 05/13 which noted positive findings for both soma and hydrocodone. Pain scores ranged from 6-7/10 on VAS. The most recent evaluation from [REDACTED] on 01/08/14 noted the injured worker had prior cervical fusion. The injured worker reported difficulty sleeping. This was a supplemental report to the 11/16/13 record which noted persistent complaints of neck pain and low back pain radiating to the bilateral upper extremities and lower extremities. On physical examination there was loss of range of motion in the cervical spine. There was some weakness at the biceps and wrist extensors bilaterally with loss of sensation in a bilateral C6 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADJUSTABLE ORTHOPEDIC MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Mattress Selection.

Decision rationale: Mattress selection is highly subjective in nature and there is no evidence from clinical literature that any one particular mattress results in ongoing functional improvement in regards to chronic neck pain or low back pain. Therefore, given the lack of any evidence supporting the use of one specific adjustable mattress over any other commercially available mattress this request is not medically necessary and appropriate.

FINAL CONFIRMATION OF URINE DRUG TEST PERFORMED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, UDS.

Decision rationale: The last urine drug screen findings were consistent with prescribed medications. The clinical documentation following this last urine drug screen did not identify any elevated risk stratification findings for drug abuse or misuse. Therefore, given the absence of any clear indications for elevated risk factors for narcotics abuse or diversion this request is not medically necessary and appropriate.

SOMA 350MG #90 - TIMES THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 63-67.

Decision rationale: Soma is not recommended for long term use per current evidence based guidelines Therefore; the request for Soma 350mg #90 - three times refills is not medically necessary and appropriate.

NORCO 10/325MG #90 - TIMES THREE REFILLS: 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, Criteria for Use Page(s): 88-89.

Decision rationale: Multiple refills of short acting narcotic medications are not indicated. At most one to two month supply of short acting narcotics would be appropriate when injured workers achieve good functional outcomes with the use of the medication. Therefore, the request for Norco 10/325mg #90 - times three refills is not medically necessary and appropriate.