

Case Number:	CM14-0007149		
Date Assigned:	02/21/2014	Date of Injury:	09/19/2008
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/19/2014

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 Orthopedic Surgery, 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 patient is a 57 year old female who sustained an injury on 09/18/08. The specific mechanism of injury was not documented. The patient is status post anterior cervical discectomy and fusion performed from C4 to C7 on 08/29/13. As of 11/12/13, the patient reported some residual numbness in the hands that had changed little since surgery. The patient had no motor weakness on physical examination with good range of motion that was essentially normal. Follow up on 12/23/13 was handwritten and difficult to interpret due to handwriting and copy quality. The patient's pain scores were rated between 5-7/10 on the VAS. Physical examination showed 2+ and symmetric reflexes. Range of motion appeared to be intact in the cervical spine. No neurological deficits were identified. Laboratory results from 01/24/14 noted positive findings for Hydrocodone. Follow up on 02/10/14 was again handwritten. Pain continued to be present at possibly 8/10 on the VAS. This was difficult to interpret due to handwriting and copy quality. Again, no neurological deficits were identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG: Upheld

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

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

Decision rationale: In regards to the use of Soma 350mg, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. Soma is not a recommended medication in the treatment of chronic pain. Overall, muscle relaxants are only recommended for short term treatment of acute musculoskeletal pain as well as exacerbation or flare up of chronic musculoskeletal complaints. In this case, there is no indication that the patient had any recent flare up of chronic musculoskeletal symptoms. No substantial functional improvements or pain benefits were attributed to this medication to support its ongoing use. Therefore, this reviewer would not have recommended this medication as medically necessary.

NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to Norco 10/325mg, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The clinical documentation did not include any specific functional benefits or pain reduction attributed to this medication. The clinical reports noted increasing pain through February of 2014. Without specific information regarding functional benefit or pain reduction attributed to ongoing use of narcotics, this reviewer would not have recommended this medication as medically necessary.