

Case Number:	CM14-0108835		
Date Assigned:	08/01/2014	Date of Injury:	10/11/2012
Decision Date:	09/17/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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 and 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 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 59 year old male who was injured on 10/11/2012. The diagnoses are low back pain, neck pain, bilateral knee pain and chest wall pain. The past surgery history is significant for right knee surgery. On 5/7/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities. There were associated complaints of headache and dizziness. The objective findings were positive for positive Straight Leg Raising test and decreased range of motion. The EMG done on 5/5/2014 showed no radiculopathy. The 2013 MRI of the lumbar spine showed multilevel disc bulge, facet arthropathy and neural foramina stenosis. The patient is waiting for an Orthopedic appointment. A Utilization Review determination was rendered on 6/25/2014 recommending non certification for Norco 10/325mg, Naproxen 550mg and Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation ODG- Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized during exacerbation of chronic musculoskeletal pain that did not respond to conservative management with NSAID and PT. The records indicate that the patient is experiencing acute exacerbations of chronic pain. A recent MRI of the right knee did show progression of knee pathology. The patient is waiting for an Orthopedic appointment for re-evaluation. The criteria for the use of Norco 10/325mg was met.

Naproxen 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for short term treatment during exacerbations of chronic musculoskeletal pain. The records indicate that the patient is currently suffering from exacerbations of chronic musculoskeletal pain. A recent MRI of the right knee did show progression of the pathology. The patient is waiting an Orthopedic appointment for re-evaluation. The criteria for the use of Naproxen 550mg was met.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation FDA: Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The CA MTUS addressed the use of muscle relaxants in the treatment of musculoskeletal pain. It is recommended that only non sedating muscle relaxants be utilized when indicated to reduce the incidence of sedation, dependency and addiction. Soma is a centrally acting medication whose primary metabolite is meprobamate, a product with sedative and addictive properties. The records indicate that the patient have been utilizing Soma for periods longer than the guidelines recommended periods of less than 6 weeks. The criteria for the use of Soma 350mg was not met.