

Case Number:	CM14-0115615		
Date Assigned:	08/04/2014	Date of Injury:	10/11/2011
Decision Date:	09/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 36-year-old woman who sustained a work related injury on October 11, 2011. Subsequently, she developed chronic left knee and back pain. According to a progress report dated May 23, 2014, the patient has pain in the mid back and numbness. She has constant pain in the mid back, a 2-3/10 at best, and a 9/10 at worst. According to a clinical note dated June 17, 2014 indicated that the patient was complaining of persistent low back pain with occasional flares. Her physical examination demonstrated lumbar and knee tenderness. The patient was treated with Norco however he developed nausea as a side effect. The patient was diagnosed with mechanical back pain and internal derangement of the left knee. The provider requested authorization to use Norco, Soma, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminaphen 10/325mg (Norco Tablets): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines use of opioids Page(s): 76-79.

Decision rationale: According to the patient file, she continued to have severe pain despite the use of Norco. There is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. In addition, the last two ingestions of this medication caused nausea and emesis. Therefore, the prescription of NORCO 10/325MG is not medically necessary.

Carisoprodol 350mg (Soma Tablet): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 77-78, 65 and 70.

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation that the patient have reduced spasm with the use of Soma and there is no justification of prolonged use of Soma. The request for Soma is not medically necessary.

Ibuprofen 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation about the duration of the prescription of Ibuprofen and the rational behind that. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic back pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. Therefore, the prescription of Ibuprofen 600 mg is not medically necessary.