

Case Number:	CM14-0122880		
Date Assigned:	09/16/2014	Date of Injury:	06/16/2011
Decision Date:	10/22/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/04/2014

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 Occupational Medicine 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 46-year-old female who was reportedly injured on 06/16/2011. According to the last progress report, dated 07/09/2014, the injured worker complained of continued severe cervical and lumbar spine pain, bilateral shoulder pain, hip pain and right upper and lower extremity radicular pain. She noted a large [20-30%, not clinically significant to borderline] reduction in pain with Norco and Soma use. She ambulates with a cane. Examination showed reduced cervical and lumbar spine ranges of motion, neck and upper back muscular tenderness, and lumbar muscular tenderness. The examining physician reported findings of C5-C8 nerve root compression and bilateral lumbar nerve root compression, but the findings noted above are not signs of radiculopathy. Bilateral shoulder impingement syndrome was also diagnosed. Examination revealed reduced bilateral shoulder range of motion, bilateral acromioclavicular joint tenderness and reduced shoulder muscle strength. The report also noted no signs of abuse, overuse or adverse reactions to medications. A request was made for 60 Soma 350mg and 120 Norco 10/325mg. The request was non-certified on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Carisoprodol (Soma) Page(s): 63-66, 29.

Decision rationale: Carisoprodol is not recommended for long term use. It likely acts as a sedative, as it is metabolized to meprobamate, a major tranquilizer. It has significant adverse effects and potentials the effects of Hydrocodone, producing a heroin-like effect. Its use is not consistent with evidence-based guidelines.

120 Norco 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: There is no quality evidence of effectiveness of opioids for chronic pain. This patient has widespread complaints without specific corroborating physical findings, as is common in chronic pain. Pain relief is border-line according to APS criteria, and is produced by the synergistic combination of carisoprodol and Hydrocodone. As noted, carisoprodol is not recommended. Neither chronic Hydrocodone nor the combination is supported by evidence-based guidelines.