

Case Number:	CM14-0175541		
Date Assigned:	10/28/2014	Date of Injury:	09/19/2005
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 9/19/05. She was seen by her primary treating physician on 9/8/14 with complaints of low back pain. She reported that medications improved her pain and function, mood and sleep. Her current medications included Prilosec, Fentanyl patch, Norco, Voltaren gel, Soma and Gabapentin. Length of prior therapy is not documented in the note. Her exam showed positive lumbar facet loading and straight leg rises bilaterally and internal rotation of the femur caused deep buttocks pain. Lower extremity motor exam was grossly normal and reflexes were equal and symmetric except for an absent Achilles tendon reflex on the right. Her right shoulder movement was restricted with range of motion due to pain. Her diagnoses were lumbar facet syndrome, osteoarthritis, thoracic or lumbosacral neuritis or radiculitis, pain in joint of shoulder, cervicalgia and lumbago. At issue in this review are the refills of Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 1-2 tabs q 4-6 hours (maximum 8 per day) # 720: 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): 74-80.

Decision rationale: This 51 year old injured worker has chronic back and shoulder pain with an injury sustained in 2005. Her medical course has included use of several medications including narcotics, Gabapentin and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document any improvement in pain, functional status or side effects specifically related to opioids. She is taking Fentanyl patch and Norco as well as several other medications targeting pain. The medical necessity of Norco is not substantiated in the records.

Soma 350, 1 tab three times a day, # 270: 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 Page(s): 29, 63-66.

Decision rationale: This 51 year old injured worker has chronic back and shoulder pain with an injury sustained in 2005. Her medical course has included use of several medications including narcotics, Gabapentin and muscle relaxants. With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 9/14 fails to document any improvement in pain, functional status or side effects specifically related to Soma. She is also taking Fentanyl patch and Norco as well as several other medications targeting pain. Muscle spasm is also not documented. The records do not support medical necessity for Soma.