

Case Number:	CM14-0026097		
Date Assigned:	06/13/2014	Date of Injury:	06/28/2000
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 59-year-old male who reported injury on 06/28/2000. The mechanism of injury was the injured worker and group of coworkers were lifting a prefabricated wall and the injured worker had pain throughout his back. The prior treatments included surgical intervention of the knee and the shoulder. Additionally, the injured worker was treated with physical therapy. The injured worker's medications included Norco, carisoprodol, lorazepam and limbril as of 2007. The documentation of 01/02/2014 revealed the injured worker had persistent low back pain with radiation into both legs and occasional weakness. The diagnoses included 0.5 to 1.5 mm disc bulges at C3 through C4 and C4-5 per MRI scan, left shoulder impingement syndrome with acromioclavicular joint arthritis, left shoulder status post arthroscopic debridement, 08/22/2003, lumbar degenerative disc disease at multiple levels, 01/14/2009, right knee medial meniscal tear, medial synovial plica syndrome and chondromalacia patella, quadriceps tendinitis right, right patellar tendinitis, right knee status post partial medial meniscectomy, chondroplasty of the medial femoral sulcus and medial femoral condyle and excision of the medial synovial plica, 06/21/2002. The treatment plan included continuation of present medications including Norco 10/325, Soma 350, Restoril 30 mg and Zantac 300 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #100 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior. There was a lack of documentation of the above recommendations. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 6 years. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #100 with 5 refills is not medically necessary.

SOMA 350MG #90 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 years there was a lack of documentation of objective functional improvement. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 5 refills as it is for short term use. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #90 with 5 refills is not medically necessary.