

Case Number:	CM14-0030453		
Date Assigned:	06/20/2014	Date of Injury:	08/28/1994
Decision Date:	10/13/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 63 year old female who had a work related injury on 08/28/94. There is no documentation of the mechanism of injury. The most recent note dated 01/09/14 the injured worker is in follow up regarding the pain that affects her cervical spine, lumbar spine, bilateral shoulders, left knee, and left ankle. Physical examination of the lumbar spine revealed limited range of motion. Kemp's test was positive bilaterally, right greater than left. Muscle strength was 5/5 in the L4, L5, and S1 nerve roots bilaterally. Sensation was normal in the L4 and L5 nerve root distributions bilaterally. Sensation was decreased in the S1 nerve distributions bilaterally. Diagnoses include a history of fibromyalgia. Diffuse musculoskeletal complaints. Cervical spine degenerative disc disease. Status post multiple surgeries. Lumbosacral degenerative disc disease, status post surgery. Right knee meniscal tear, status post arthroscopy. Bilateral knee chondromalacia. Severely worsening cervical and lumbar spine pain. In review of all of the clinical documentation submitted, there were 2 UDS (urine drug screen), 1 was inconsistent. No VAS (visual analog scale) with and without medication, and no documentation of functional improvement. Prior utilization review on 02/10/14 was non-certified. Current request is for psychological consultation, Norco Hydrocodone/APAP 10/325mg tabs 120, and Soma 350mg tablets #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127 Official Disability Guidelines (ODG) Pain Chapter. Psychological evaluations

Decision rationale: Prior utilization review on 02/10/14, noted that a request for a psychological evaluation was previously certified on 06/05/13. The outcome of that request is not in the clinical documentation submitted for review. Therefore, the working diagnosis and individualized treatment plan for this injured worker are unknown. There is no clear rationale provided to support an additional psychological consultation at this time. It is unclear how the consultation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work as required by ACOEM Guidelines. Therefore, the request is not medically necessary.

Norco (Hydrocodone/APAP) 10/325mg tabs #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, opioid's.

Decision rationale: The clinical documentation submitted for review and current evidence based guidelines do not support the request. In review of all of the clinical documentation submitted, there were 2 urine drug screens, 1 was inconsistent. No visual analog score scale with and without medication, and no documentation of functional improvement. Therefore, based on the clinical documentation reviewed and both the MTUS and ODG guidelines, medical necessity has not been established.

Soma (Carisoprodol) 350mg tabs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma (R)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle relaxants (for pain)

Decision rationale: The clinical documentation submitted for review and current evidence based guidelines do not support the request. Suggested by the manufacturer for use as an adjunct to rest, physical therapy, analgesics, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions, is not recommended for longer than a 2 to 3 week

period. There is no documentation of functional improvement. Therefore, based on the clinical documentation reviewed and both the MTUS and ODG guidelines, medical necessity has not been established.