

Case Number:	CM14-0032665		
Date Assigned:	06/20/2014	Date of Injury:	01/18/2001
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44-year-old male who reported an injury on 10/25/2000. The mechanism of injury was not provided for clinical review. The diagnoses included status post repair of the lateral ligaments of the left ankle, arthritic change of the left ankle talonavicular joint, and posterior tibial tenosynovitis. Prior treatments were not provided for review. Within the clinical note dated 04/24/2014, it was reported the injured worker demonstrated continuation of symptomatology regarding his right ankle. Upon physical examination, the provider indicated the injured worker had swelling and edema to the medial aspect of the left foot, as well as pain to the posterior tibial tendon and swelling at the talonavicular joint junction. The provider noted squatting and crouching increased pain significantly. It was noted the injured worker has been taking Norco and Soma since at least 04/2014. The request is for Norco 10/325 mg 1 tablet by mouth 4 times a day as needed #120 with 1 refill and Soma 350 mg 1 tablet by mouth twice a day #90 with 1 refill; however, a rationale was not provided for clinical review. The request for authorization form was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg 1 tab p.o. q.i.d. p.r.n, #120 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Norco 10/325 mg 1 tablet by mouth 4 times a day as needed #120 with 1 refill is not medically necessary. The injured worker complained of pain over the talonavicular junction and right ankle joint. Regarding opioid management, the California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how pain relief lasts. The guidelines recommend the use of a urine drug screen regarding patient treatment with issues of abuse, addiction, or poor pain control. The injured worker had been utilizing the medication since at least 04/2014. The provider failed to document an adequate and complete pain assessment with the documentation. There is a lack of documentation indicating the medication had been providing objective functional improvement. Additionally, the use of a urine drug screen was not provided in the clinical documentation. Therefore, the request for Norco 10/325 mg 1 tablet by mouth 4 times a day as needed #120 with 1 refill is not medically necessary.

Soma 350mg 1 tab p.o. b.i.d. #90 1 refill: Upheld

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

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

Decision rationale: The request for Soma 350 mg 1 tablet by mouth twice a day #90 with 1 refill is not medically necessary. The injured worker complained of pain over the talonavicular junction and ankle joint. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time and prolonged use of medication in this class, and may lead to dependence. There is a lack of objective findings indicating the injured worker had muscle spasms. The injured worker had been utilizing this medication since at least 04/2014 which exceeds the guideline recommendations of short term use for 2 to 3 weeks. Therefore, the request for Soma 350 mg 1 tablet by mouth twice a day #90 with 1 refill is not medically necessary.