

Case Number:	CM14-0035128		
Date Assigned:	06/23/2014	Date of Injury:	03/31/2003
Decision Date:	07/24/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 60-year-old woman who sustained a work-related injury on April 21, 2014. Subsequently she developed ongoing pain and spasms on the cervical spine. According to a progress report dated on February 14, 2014, the patient continues to experience pain for the cervical spine increased with flexion, extension, and rotation. Pain is also noted for the right shoulder and both wrists. She is experiencing significant pain in the right biceps area. She had pain with repetitive use of her hands and upper extremities. She states that she has difficulty sleeping. Physical examination showed cervical tenderness with reduced range of motion. The patient was diagnosed with cervical spine musculoligamentous sprain; subacromial impingement syndrome, right shoulder; carpal tunnel syndrome; and medial and lateral epicondylitis, right t elbow. The current medications include Hydrocodone, Soma, and Ativan. The provider requested authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skeletal Muscle relaxants; Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, page(s) 29 Page(s): 29.

Decision rationale: According to California MTUS guidelines, Soma is not recommended for long-term use. It is prescribed for muscle relaxation. In this case, the patient has ongoing pain and spasms on the cervical spine without any documentation of the efficacy of Soma. The long term use of muscle relaxant is not recommended. Therefore, Soma is not medically necessary.

Hydrocodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 74-92.

Decision rationale: According to California MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. There is no clear evidence of objective and recent functional and pain improvement with previous use of Norco. There is no clear documentation of the efficacy/safety of previous use of Norco. There is no clear description of a pain level that justify the use of opioids. There is no clear justification for the need to continue the use of Hydrocodone. Therefore, the prescription of Hydrocodone is not medically necessary at this time.

Ativan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to California MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no documentation of rational and efficacy of previous use of Ativan. Therefore the use of Ativan is not medically necessary.