

Case Number:	CM14-0036259		
Date Assigned:	06/25/2014	Date of Injury:	09/04/1990
Decision Date:	07/28/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery 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 55-year-old gentleman who was reportedly injured on September 4, 1990. The mechanism of injury is heavy lifting. The most recent progress note, dated February 28, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness over the upper and lower lumbar spine with spasms. There was decreased sensation on the L5 nerve root although it is not stated on which side. Previous treatment includes percutaneous discectomy, laminectomy/discectomy, physical therapy, home exercise, a lumbar brace, and oral medications. A request had been made for Norco and Soma and was not certified in the pre-authorization process on March 11, 2014.

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 3 refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 75,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 88 of 127 Page(s): 88 of 127.

Decision rationale: According to the progress note dated February 28, 2014, the injured employee uses Norco and Soma on an episodic basis and they have been shown to improve his

functional capacity and activities of daily living. Prior drug screens positive for the prescribed medications and negative for others. With this information, the request is medically necessary.

Soma 350mg #90 with 3 refills.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 63 of 127 Page(s): 63 of 127.

Decision rationale: According to the progress note dated February 28, 2014, the injured employee uses Norco and Soma on an episodic basis and they have been shown to improve his functional capacity and activities of daily living. Prior drug screens were positive for the prescribed medications and negative for others. With this information, the request is medically necessary.