

Case Number:	CM14-0040409		
Date Assigned:	06/27/2014	Date of Injury:	08/07/1998
Decision Date:	07/31/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational 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:

This patient is a 53-year-old female who sustained injury while performing repetitive duties including inputting information into a computer using mouse and keyboard. Treatment history includes physical therapy and medications. The progress report dated 04/03/2014 indicates the patient's current complaints include neck, shoulder, back and knees pain. The examination of the patient's cervical spine showed flexion 45 and extension 46. There was tenderness to palpation. The examination of the shoulders shows abduction (right/left) 130/120 with tenderness over both shoulders. The examination of the lumbar spine showed flexion 54 and extension 16 with tenderness. The examination of patient's bilateral knees shows tenderness over the right and left knees. The progress reports dated 02/20/2014, 05/19/2014, 05/29/2014, and 06/05/2014 are handwritten and mostly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: This is a 53 yr. old female with complaints of neck and upper extremity discomfort and pain. The California MTUS guidelines indicate that Norco an opioid may cause hyperalgesia syndrome which may cause a lack of significant objective functional improvement and continued pain. Chronic opioids are not recommended or certified. The medical records indicate that the patient is taking this medication chronically without evidence of objective functional improvement or pain improvement. Thus, the request for Norco 5/325 mg is not medically necessary.

Lunesta: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Drug Reference (PDR).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: The California MTUS guidelines do not discuss the issue in dispute and hence the ODG was reviewed. It is not recommended for long-term use, but recommended for short-term use. The medical records indicate that the patient is taking this medication chronically. Thus, the request for Lunesta is not medically necessary.

Soma 350 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom, generic available), & Carisoprodol (Soma) Page(s): 65, 29.

Decision rationale: Soma or Carisoprodol is not recommended for long term use and only recommended for a 2 to 3 week period. The California MTUS Guidelines do not recommend this medication. It is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). The medical records indicate that the patient is taking this medication chronically. Thus, Soma 350 MG is not medically necessary.