

Case Number:	CM14-0049024		
Date Assigned:	06/25/2014	Date of Injury:	01/01/2002
Decision Date:	07/25/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/26/2014

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 Mississippi. 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 64-year-old female was reportedly injured on January 1, 2002. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 17, 2014, indicated that there were ongoing complaints of neck pain radiating to the left shoulder and arm. Current medications were stated to include Norco and Soma, which were stated to decrease pain and improve function and mobility. The physical examination demonstrated tenderness over the right sided paracervical muscles and decreased cervical spine range of motion. There were diminished deep tendon reflexes in the left and right upper extremities and decreased sensation at the C7 and C8 dermatome levels. Norco and Soma were refilled. A request had been made for ibuprofen, Norco, Soma, and Senokot and was not certified in the pre-authorization process on March 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Medication Guide.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The previous utilization management review, dated March 15, 2014, did not state the rationale why ibuprofen was determined not to be medically necessary. The injured employee has chronic cervical spine pain status post cervical spine surgery. Anti-inflammatories are the mainstay of oral medications for orthopedic issues. They are recommended be taken at the lowest possible dosage for the shortest period of time. This request for ibuprofen is not at the maximum dosage. This request for ibuprofen 600 mg is medically necessary.

Norco 10/325 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: According to the attached medical record, the injured employee has previously been prescribed Norco. There was documented objective pain relief with this medication, and it has been stated to improve ability to function and perform activities of daily living. This request for Norco is medically necessary.

Soma 350 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: According to the guidelines, muscle relaxants such as Soma are intended as a second line agent for short-term usage for episodes of acute flares of chronic low back pain. It was not stated in the medical record that the injured employee was having these issues. Additionally, this request was for 120 tablets, which does not indicate episodic usage. This request for Soma is not medically.

Senokot-S: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: Senokot is a medication to help with constipation that often occurs secondary to opioid medications. The request for Norco has been found to be medically necessary. This request for Senokot is also medically necessary.