

Case Number:	CM14-0084844		
Date Assigned:	07/21/2014	Date of Injury:	12/20/1995
Decision Date:	09/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 57-year-old female who reported an injury on 12/20/1995. The mechanism of injury was not specifically stated. The current diagnoses include cervicgia and lumbago. Previous conservative treatment includes physical therapy, cervical epidural injections, and medication management. It is noted that the injured worker is status post C4-5 and C5-6 anterior fusion in 2004 with failed neck surgery syndrome. The current medication regimen includes Norco and Valium. A clinical note was submitted on 04/22/2014. It is noted that the injured worker reported primary non-radicular neck pain. The injured worker was currently utilizing Norco, 6 tablets per day and Valium, 4 tablets per day. The injured worker requested to switch from Valium to Soma. Physical examination was not provided on that date. It was noted that the provider was going to switch the injured worker from the current medication regimen of Valium to a new prescription for Soma. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 12/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Soma 350 MG # 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. There was no physical examination provided on the requesting date. Therefore, there is no objective evidence of palpable muscle spasm or spasticity. There is also no frequency listed in the request. As such, the request is not medically necessary.