

Case Number:	CM14-0086838		
Date Assigned:	07/23/2014	Date of Injury:	05/28/2010
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/10/2014

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 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 underlying date of injury in this case is 05/28/2010. The treating diagnoses are cervical spondylosis, cervicalgia, cervical disc displacement, spinal stenosis and cervical radiculitis. On 04/23/2014, the patient was seen for a spine physician evaluation with regard to her repetitive stress injury lifting heavy patients. The patient complained of cervical pain extending into the shoulders bilaterally with radiation into the arms, worse on the right and some associated numbness/tingling. The evaluating physician felt the patient had cervical spondylosis versus cervical radiculitis and recommended an updated magnetic resonance imaging (MRI) due to neurological deficits on exam with 4/5 strength in the left deltoid, biceps, wrist extensors, grip and right deltoid. The treating physician also recommended updated cervical plain films with flexion and extension and to get a plan for possible physical therapy and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty 180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 57-58.

Decision rationale: The MTUS Guidelines section on opioids/ongoing management documents the four A's of opioid management, including the need to prescribe the lowest dose possible to improve pain and function. It is not clear that opioids have met this goal of improving function objectively however, given the plan for an ongoing diagnostic evaluation for progressive or worsening pain, a substantial change in opioid medication could preclude the patient's overall diagnostic evaluation and treatment plan since it would be difficult to determine which change in treatment was causing this specific change in symptoms. Therefore, during this interim period of time when the patient is undergoing reevaluation by a new consulting physician, the patient's previous established pain management plan would be indicated. Thereafter, it would be appropriate to reassess the medical necessity of each item of treatment. Therefore, at this time the request for Norco 10/325mg, qty 180 is medically necessary.

Soma 350mg, qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol/Soma Page(s): 43-44.

Decision rationale: The CA MTUS Guidelines section on Carisoprodol/Soma indicates that this medication is not recommended and not indicated for long-term use and that there is concern for potential abuse or interaction with other medications. As the guidelines do not support an indication for this medication essentially in any chronic situation, this request is not supported by the treatment guidelines therefore Soma 350mg, qty 90 is not medically necessary.

Zofran 4mg, qty 90: Upheld

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: FDA-approved labeling - Zofran.

Decision rationale: The FDA-approved labeling information supports this medication to treat nausea from cancer chemotherapy or to treat immediate postoperative nausea. These situations do not apply. At this time the medical records do not document a rationale or indication for this request. The request for Zofran 4mg, qty 90 is not medically necessary.