MAXIMUS Federal Services

Case Number:	CM14-0087168		
Date Assigned:	07/23/2014	Date of Injury:	08/28/2001
Decision Date:	09/17/2014	UR Denial Date:	05/12/2014
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 Internal 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:

The patient is a 47 year old female with a worker comp injury in 2001 when she was diagnosed with injury to the C Spine and to the bilateral carpal tunnels. She had an anterior cervical discectomy and C6-7 fusion procedure in 2003. An EMG (Electromyography) done on 4/8/14 showed mild right carpal tunnel disease. In 2008 she had a new injury resultinig in left side neck pain and lumbar pain that was treated with Vicodin and Norco. On 6/23/13 an AME (Agreed Medical Examination) diagnosed cervical herniated disc with radiculopathy and bilateral carpal tunnel as well as intermittent ligamentous lumbar pain. On 12/10/13 a PR 2 with her treating M.D. noted neck pain radiating to the shoulders and bilateral wrist pain as well as lumbar pain radiating to both legs. Objective signs included + right foraminal pain with compression with radiation to both shoulders and also + Phalen and Tinel tests. Also, her low back pain was noted to be tender on palpation of L5. It was noted that meds would be renewed. It is noted that on 5/12/14 UR denied the request for refill of Soma, Norco 10/325 and Utracin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on pain meds Page(s): 75,91.

Decision rationale: Norco is noted to be a short acting opiod effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain .The dose is limited by the Tylenol component and officially should not excede 4 grams per day of this medicine. We note in this patient that she has chronic pain that is moderate in severity. There is no note of addictive or drug seeking behavior in this patient. Norco is indicated in this patient and the UR decision is reversed. Therefore, this request is medically necessary.

Utracin Cream 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11.

Decision rationale: It is noted that the MTUS states that topical analgesics exert a local effect under the skin and that they are largely experimental in use and that there are few randomized clinical trials. They are largely used for neuropathic pain when trials of antidepressants and anticonvulsant meds have failed. They are applied locally and have no systemic side effects and no drug interactions. In the above patient we do not note a previous attempt at use of either anticonvulsant or anti-depressant medicine. Due to the fact that these are largely experimental and other drugs have not been utilized the UR committee is correct in stating that this med is not indicated for this patient. Therefore, this request is not medically necessary.

Soma 350mg # 90: Upheld

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

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

Decision rationale: The MTUS states clearly that Soma is not a recommended drug.It is noted to be a central acting muscle relaxant and that its main metabolite is Meprobamate which is a Schedule IV controlled substance. Its main effect is from general sedation and relief of anxiety and it is prone to be abused. Intoxication can occur and withdrawal has been noted. Therefore, this medication is not indicated in this patient.