

Case Number:	CM14-0090288		
Date Assigned:	07/23/2014	Date of Injury:	10/07/2006
Decision Date:	08/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	06/16/2014

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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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 54-year-old who reported an injury on October 7, 2006. The mechanism of injury was not provided for clinical review. The diagnoses included myofascial pain, intervertebral disc disease, and disc bulge with impingement. Previous treatments included medication. In the clinical note dated February 28, 2014, it was reported the injured worker complained of ongoing neck pain. Upon the physical examination, the provider noted minimal tenderness in the lumbosacral musculature without myospasms. The provider noted the lumbar range of motion was restricted in both flexion and extension. The provider requested Norco and Soma. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The injured worker complained of ongoing neck pain. The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication has been providing objective functional benefit and improvement. The injured worker had been utilizing the medication since at least October of 2013. Additionally, the use of a urine drug screen was not provided within the documentation submitted. The request submitted failed to provide the frequency, dosage, and quantity of the medication. Therefore, the request for Norco is not medically necessary or appropriate.

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The injured worker complained of ongoing neck pain. The Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than two to three weeks. Muscle relaxants may be effective in reducing pain, muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least October of 2013, which exceeds the guidelines' recommendation of short term use for two to three weeks. The request submitted failed to provide the frequency, dosage, and quantity of the medication. Therefore, the request for Soma is not medically necessary or appropriate.