

Case Number:	CM14-0113597		
Date Assigned:	08/01/2014	Date of Injury:	01/23/2014
Decision Date:	02/28/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 23years old malepatient who sustained an injury on 1/23/2014.He sustained the injury due to struck on the head by heavy hydraulic hammer and lost consiousness.The current diagnoses include cerebral concussion, cervical sprain, right shoulder sprain and lumbar sprain. Per the doctor's note dated 6/6/2014, he had complaints of ringing in the ears, vertigo, headache; right shoulder pain, cervical pain and lower back pain with radiaiton to the buttocks with tingling and numbness in the right leg and calf. The physical examination revealed cervical spine- tenderness, spasm, mild decreased in range of motion, hypoesthesia in C6 and C8 dermatomes on the right side; right shoulder- tenderness, mild decreased range of motion, positive Neer's test; lumbar spine- tenderness, spasm, decreased range of motion in flexion and extension, positive straight leg raising bilaterally and hypoesthesia in L5 and S1 dermatomes on the right side. The medications list includes norco, soma and motrin. He has had lumbar MRI dated 4/2/2014 with normal findings; lumbar spine, cervical spine and right shoulder X-rays dated 5/8/2014 and CT head with normal findings. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, 1 at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29 and 64.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. 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 LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The Chronic Pain Medical Treatment Guidelines do not recommend soma for long-term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to pain and spasm with and without medication is not specified in the records provided. Therefore, the request is not medically necessary.

Motrin 800mg, 1 by mouth three times a day #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs Page(s): 22 and 67.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines NSAIDs are recommended for chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The Chronic Pain Medical Treatment Guidelines also states that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Per the submitted medical records, patient had headache, neck pain, right shoulder pain and lower back pain. The physical examination revealed significant abnormal findings-tenderness, spasm and decreased range of motion. NSAIDs are considered first line treatment for pain and inflammation. Therefore, the request is medically necessary.

Norco 10/325mg, 1 by mouth every 6-8 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80,124, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Pain (updated 02/10/15)

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: the lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. Prior urine drug screen report was not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. Therefore, the request is not medically necessary.