

Case Number:	CM14-0175318		
Date Assigned:	10/28/2014	Date of Injury:	07/07/2006
Decision Date:	10/13/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 53 year old male who sustained an industrial injury on 07-07-06. A review of the medical records indicates the injured worker is undergoing treatment for cervical degenerative disc disease, cervicgia, cervical spine radiculopathy, and chronic pain syndrome. Medical records (09-23-14) reveal beck pain is rated at 7/10, without mention of whether or not this is with medications on board. Also noted (09-23-14) is a 50% reduction in pain with medications per the injured worker. The injured worker also noted that he is able to perform his daily activities with less pain (09-23-14). The treating provider reports (09-23-14) per the MRI of the cervical spine dated 03-31-14 C3-6 herniated nucleus pulposus. The physical exam (09-23-14) reveals bilateral paraspinal tenderness. Treatment has included a cervical fusion and medications including Naprosyn, Norco, soma, and Ambien. The treating provider indicates the urine drug screen was consistent (09-23-14). The original utilization review (09-30-14) non-certified Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are DDD cervical spine; cervicgia; cervical spine radiculopathy; chronic pain syndrome; and status post C5 - C6 fusion. Date of injury is July 7, 2006. Request for authorization is September 29, 2014. According to a progress note dated April 22, 2014, the treating provider prescribed Norco 10/325 mg and Soma 350 mg. According to a September 23, 2014 progress note, the injured worker presented for medication management. The pain scale is 7/10 with ongoing neck pain and upper extremity symptoms. Current medications include Soma 350 mg, Norco 10/325 mg and Ambien. Objectively, cervical spine examination was notable for tenderness to palpation over the paraspinal muscle groups. The neurologic examination was unremarkable. There is no documentation with detail pain assessments or risk assessments. There is no documentation demonstrating objective functional improvement to support ongoing Norco. There is no documentation of an attempt to wean Norco. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments, no documentation demonstrating objective optional improvement and no attempt to wean Norco, Norco 10/325mg # 120 is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case,

the injured worker's working diagnoses are DDD cervical spine; cervicalgia; cervical spine radiculopathy; chronic pain syndrome; and status post C5 - C6 fusion. Date of injury is July 7, 2006. Request for authorization is September 29, 2014. According to a progress note dated April 22, 2014, the treating provider prescribed Norco 10/325 mg and Soma 350 mg. According to a September 23, 2014 progress note, the injured worker presented for medication management. The pain scale is 7/10 with ongoing neck pain and upper extremity symptoms. Current medications include Soma 350 mg, Norco 10/325 mg and Ambien. Objectively, cervical spine examination was notable for tenderness to palpation over the paraspinal muscle groups. The neurologic examination was unremarkable. There is no documentation of lumbar tenderness to palpation or spasm. Soma is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or anything exacerbation of chronic low back. The guidelines recommend short-term (less than two weeks) treatment. The treating provider has prescribed Soma, at a minimum, for five months. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of the recommended guidelines (for five months) and no documentation of acute low back pain or acute exacerbation of chronic low back pain, Soma 350 mg #90 is not medically necessary.