

Case Number:	CM14-0185830		
Date Assigned:	11/13/2014	Date of Injury:	04/22/2004
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational medicine, pain Medicine and Manipulation 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 medical records indicate that the patient is a 57-year old male who sustained an industrial injury on April 22, 2004. He is diagnosed with cervical spondylosis without myelopathy, degeneration of cervical IVD, cervicgia, and cervical spinal stenosis. According to the progress note of September 18, 2014, the patient continues to use home remedies, such as heat and ice packs. The left shoulder weakness, decreased range of motion and moderate pain continue. The patient continues with the gym to assist with this weakness and decreased range of motion. Medications consist of Neurontin, Norco, Soma and Docusate sodium. According to the primary provider, on October 17, 2014, the injured worker was not showing any signs of abuse, diversion, dependence, tolerance or side effects to the medications. The injured worker declined cervical decompression, injections at this time. The injured worker requested to continue conservative therapy. On October 30, 2014 the UR modified the request for Norco #120 to allow #60 for weaning. Soma was also modified to allow #20 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 qid po #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74,96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids

Decision rationale: Evidence-based guidelines state that chronic use of opioids is not recommended due to the development of habituation, tolerance, and hormonal imbalance in men. The medical records indicate that the patient has been on Norco for an extended period of time. In addition, he is being prescribed Soma which increases the risk of sedation and respiratory depression. Norco cannot these abruptly discontinued, and the medical records indicate that modification was made to allow for weaning. As such, the request for Norco 10/325 mg #120 is not medically necessary.

Soma 350mg at bedtime #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS guidelines, Carisoprodol (Soma) is not recommended. References state that in regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes as a combination with hydrocodone. The medical records indicate that Soma has been prescribed for an extended period of time and the ongoing use of Soma is not supported. This medication cannot be discontinued abruptly, and the medical records indicate that modification was made on the prior peer review to allow for weaning. As such the request for Soma 350mg at bedtime #60 is not medically necessary.