

Case Number:	CM14-0187738		
Date Assigned:	11/18/2014	Date of Injury:	09/18/2012
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/11/2014

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 Interventional Spine, 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 44-year-old male with an injury date of 09/18/2012. Based on the 08/14/2014 progress report, the patient complains of neck pain with numbness down the bilateral upper extremities which he rates as a 9-10/10 without medications, and an 8/10 with medications. The patient has lower back pain and pain down the bilateral lower extremities, which he rates as a 6-7/10 without medications and a 4/10 with medications. In palpation of the cervical spine, there is evidence of tenderness of the paracervical muscles. There is also tenderness over the base of the neck, base of the skull. There is a decreased sensation on the left more than the right biceps. The patient has pain with range of motion. Orthopedic testing of the cervical spine revealed local pain. The 09/25/2014 report also states that the patient has neck pain with numbness down his bilateral upper extremities and lower back pain. Radial pulses are palpable bilaterally, regarding the cervical spine. The 07/10/2014 x-ray of the cervical spine revealed the following: (1) C4-C5 disk space narrowing, (2) Anterior osteophyte at C5. The 07/10/2014 x-ray of the lumbar spine revealed the following: (1) L5-S1 anterior-posterior fusion, anterior plate and cage in good position. Spinous process clamp in good position. No movement with flexion and extension views. The patient's diagnoses include the following: 1. Status post anterior and posterior fusion from L5-S1, 04/16/2014. 2. C4-C5 stenosis. 3. Bilateral cervical radiculopathy. 4. Bilateral lumbar radiculopathy. 5. L5-S1 disk degeneration. 6. C4-C5 disk degeneration, 09/18/2012 injury. 7. Status post ACDF C5-C6. The utilization review determination being challenged is dated 10/17/2014. Treatment reports were provided from 05/22/2014 - 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 270.00: Upheld

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

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

Decision rationale: According to the 09/25/2014 progress report, the patient complains of having neck pain with numbness down his bilateral extremities and lower back pain. The request is for SOMA 350 mg #270. The patient has been taking Soma as early as 05/22/2014. MTUS page 29 states that Soma is not indicated for long-term use. In this case, there is no indication of when the patient began taking Soma. The treater does not indicate that this is for a short-term use to address the patient's neck pain. Long-term use of this medication is not supported by the MTUS Guidelines. Recommendation is for denial.

Norco 10/325mg quantity 450.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,78.

Decision rationale: RATIONALE: NORCO 10/325 MG #450 According to the 09/25/2014 progress report, the patient presents with neck pain and lower back pain. The request is for Norco 10/325 mg, #450. The patient has been taking Norco as early as 05/22/2014. There were no urine drug screens provided. No further discussions were provided on Norco. MTUS Guidelines page 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, adverse side effects, adverse behavior, and ADLs) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater fails to mention any specific changes in ADLs the patient may have had or any adverse side effect/behavior the patient may have had. There are no CURES or UDS reports provided. Due to lack of documentation, recommendation is for denial.