

Case Number:	CM14-0203121		
Date Assigned:	12/15/2014	Date of Injury:	02/05/2013
Decision Date:	02/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Maine. 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 claimant has a history of a work injury occurring on 02/05/13 when she slipped on a waxed floor landing on her knees, using her arms to break the fall. She was seen on 08/12/14. She was having neck, low back, left hip, and knee pain. Pain was rated at 8-10/10. Medications included Norco and Soma. She was noted to be working. Physical examination findings included cervical and lumbar spine muscle spasm and guarding with decreased range of motion. There was diffuse bilateral wrist tenderness with positive Phalen and Tinel tests and decreased sensation. There was left greater trochanteric tenderness. Authorization for physical therapy was requested. Norco 10/325 mg #90, Soma 350 mg #60, and Voltaren cream were prescribed. On 10/15/14 she was having ongoing symptoms. Pain was rated at 7-8/10. She was continuing to work. Physical examination findings appear unchanged. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for neck, low back, left hip, and knee pain and has findings consistent with bilateral carpal tunnel syndrome. She continues to work. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Soma 350mg quantity 60: Upheld

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

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

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for neck, low back, left hip, and knee pain and has findings consistent with bilateral carpal tunnel syndrome. Medications include Soma being prescribed on a long term basis. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Continued prescribing is not medically necessary.