

Case Number:	CM15-0101055		
Date Assigned:	06/03/2015	Date of Injury:	05/27/2014
Decision Date:	07/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 05/27/2014. She reported pain in her shoulders, right arm, right wrist, low back, right knee, and hips and was diagnosed with sprained shoulders, right wrist, right ankle, and back. The injured worker is currently off work. The injured worker is currently diagnosed as having status post lumbar spine fusion, lumbar spine myofasciitis with radiculitis, and thoracic spine myofasciitis with radiculitis. Treatment and diagnostics to date has included lumbar spine MRI that showed disc protrusion and bulging discs, thoracic spine MRI that showed arthritis and bulging discs, chiropractic treatment, and medications. In a progress note dated 03/31/2015, the injured worker presented with complaints of headaches and back, right wrist, and bilateral shoulder pain. Objective findings include tenderness to head, neck, wrists, shoulders, and sacroiliac joint. The treating physician reported requesting authorization for 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 Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco since at least June 2014 without objective documentation of functional improvement or significant decrease in pain. This medication has been previously recommended and approved for weaning. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 is determined to not be medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol), Muscle relaxants (for pain).

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

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. It is considered a second-line agent. There is no evidence that a first-line agent has been attempted with the injured worker. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Soma 350mg #60 is determined to not be medically necessary.