

Case Number:	CM15-0017471		
Date Assigned:	02/05/2015	Date of Injury:	06/03/2003
Decision Date:	04/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation

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 68 year old female injured worker suffered and industrial injury on 6/3/2003. The diagnoses were cervical fusion 10/19/2004 and arthroscopy to the right knee. The treatments were surgery and medications. The treating provider reported ongoing neck pain with residual numbness in the right hand. The injured worker reported a slight increase with cold temperatures and recent stress. On exam there was diminished sensation in the C6-7 distribution. The pain is rated 6/10 and 4/10. The Utilization Review Determination on 1/26/2015 non-certified: 1. Norco 7.5/325mg, Qty. #90 +1 refill modified to #60 without refill, citing MTUS. 2. Soma 350mg, Qty. #30 modified to #20, citing MTYUS, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, Qty. 90 +1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 06/03/2003 and presents with ongoing neck pain with residual numbness to the right hand. The request is for Norco 7.5/325 mg, #90, 1 refill. The RFA is dated 01/20/2015, and the patient's work status is permanent and stationary. None of the reports provided mention how Norco impacted the patient's pain and function. MTUS Guidelines pages 88 and 89 states, "pain 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, ADLs, adverse side effects, and adverse behavior) 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, none of the 4As are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES reports, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. It appears that the patient did have a urine drug screen on 01/20/2015; however, the patient's results are not provided. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

Soma 350mg, Qty. 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 06/03/2003 and presents with ongoing neck pain with residual numbness to the right hand. The request is for SOMA. The RFA is dated 01/20/2015, and the patient's work status is permanent and stationary. There is no indication of when the patient began taking this medication. The patient has diminished sensation in the C6-C7 distributions to the right. Range of motion of her neck is preserved at about 60% of flexion, extension, and rotation bilaterally. The patient has joint pain, stiffness, muscle pain, nervousness as well as anxiety. MTUS Guidelines, pages 63-66, "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2 to 3 week period." This has been noted for sedated and relaxant effects. There is no mention of the patient having any spasm in the progress report provided. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the treater has requested for 30 tablets of Soma. It is unknown when the patient began taking this medication or if it is for a short-term use, as indicated by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.