

Case Number:	CM15-0135817		
Date Assigned:	07/23/2015	Date of Injury:	06/29/1998
Decision Date:	08/20/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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: Emergency 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 65-year-old male who sustained a work related injury June 29, 1998. Past history included hypertension. According to a primary treating physician's progress report, dated June 3, 2015, the injured worker presented for follow-up with continued low back pain, left leg pain and pain to the neck and left shoulder area. He finds the medication helpful as he drives bowls and plays golf weekly and takes care of his elderly mother. Current medication included ibuprofen, Temazepam, Soma, and Norco. Examination of the cervical spine revealed tenderness and decreased flexion, extension, rotation and left and right lateral bending. Palpation of the left and right shoulder revealed; tenderness at the subacromial space and pain with resisted abduction; range of motion, decreased abduction with pain. The left and right knee revealed a tender joint line and positive McMurray's test. The lumbar spine revealed tenderness at the facet joint and decreased flexion, extension and lateral bending. The injured worker refused a urine drug screen at a previous visit, dated May 5, 2015. A routine drug test was performed during this visit, June 3, 2015. Results of urine drug screen dated June 3, 2015, (report present in the medical record) are inconsistent. Diagnoses are lumbago, low back pain; cervical pain, cervicgia; myofascial pain syndrome, fibromyalgia, shoulder region disorder, not elsewhere classified. At issue, is the request for 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 #270 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg #270 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented that the cervical spine revealed tenderness and decreased flexion, extension, rotation and left and right lateral bending. Palpation of the left and right shoulder revealed; tenderness at the subacromial space and pain with resisted abduction; range of motion, decreased abduction with pain. The left and right knee revealed a tender joint line and positive McMurray's test. The lumbar spine revealed tenderness at the facet joint and decreased flexion, extension and lateral bending. The injured worker refused a urine drug screen at a previous visit, dated May 5, 2015. A routine drug test was performed during this visit, June 3, 2015. Results of urine drug screen dated June 3, 2015, (report present in the medical record) are inconsistent. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, as well as there is note of an inconsistent drug screen result. The criteria noted above not having been met, Norco 10/325mg #270 with 1 refill is not medically necessary.

Soma 350mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 63-66, 29.

Decision rationale: The requested Soma 350mg #90 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has documented that the cervical spine revealed tenderness and decreased flexion, extension, rotation and left and right lateral bending. Palpation of the left and right shoulder revealed; tenderness at the subacromial space and pain with resisted abduction; range of motion, decreased abduction with pain. The left and right knee revealed a tender joint line and positive McMurray's test. The lumbar spine revealed tenderness at the facet joint and decreased flexion, extension and lateral bending. The injured worker refused a urine drug screen at a previous visit, dated May 5, 2015. A routine drug test was performed during this visit, June 3, 2015. Results of urine drug screen dated June 3, 2015, (report present in the medical record) are inconsistent. The treating physician has not

documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg #90 with 1 refill is not medically necessary.