

Case Number:	CM15-0144637		
Date Assigned:	08/05/2015	Date of Injury:	04/14/2008
Decision Date:	08/31/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53-year-old female, who sustained an industrial injury on 04-14-2008, secondary to constant and repetitive lifting luggage and the injured worker also noted to slip and fall in the break room resulting in left knee and back injury. On provider visit dated 06-11-2015 the injured worker current complaints were not clear and there was no examination noted. The diagnoses have included lumbago, pain in joint of shoulder and sprain and strains of shoulder and upper arm not otherwise specified. Treatment to date has included surgical intervention, physical therapy, exercise, TENS unit, heat treatment, ice treatment, acupuncture and biofeedback and medication which currently was noted as Amlodipine Besylate, Diazepam, Norco, Nabumetone, Soma and Triamterene-hydrochlorothiazide. No evidence of functional improvement or pain level improvement with current medication regimen was noted. The provider requested 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 Criteria for use of Opioids, specific drug list Page(s): 78-80, 91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in April 2008 and continues to be treated for low back and bilateral hip and shoulder pain. When seen, there had been a flareup of symptoms. She had been seen in an emergency room. Norco and Soma were being prescribed and these were refilled. At a prior assessment in June 2015, physical examination findings consisted of vital signs. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

Decision rationale: The claimant sustained a work injury in April 2008 and continues to be treated for low back and bilateral hip and shoulder pain. When seen, there had been a flareup of symptoms. She had been seen in an emergency room. Norco and Soma were being prescribed and these were refilled. At a prior assessment in June 2015, physical examination findings consisted of vital signs. 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. Prescribing Soma was not medically necessary.