

Case Number:	CM15-0163931		
Date Assigned:	09/01/2015	Date of Injury:	05/21/2010
Decision Date:	10/05/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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, with a reported date of injury of 05-21-2010. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include cervical disc protrusion, cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain and strain, lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sprain and strain, right shoulder impingement syndrome, right shoulder pain, bilateral shoulder sprain and strain, left shoulder myospasm, bilateral hip pain, bilateral hip sprain and strain, right knee internal derangement, bilateral knee pain, bilateral knee sprain and strain, disruptions of 24-hour sleep-wake cycle, insomnia with sleep apnea, loss of sleep, sleep disturbance, anxiety, depression, irritability, and nervousness. Treatments and evaluation to date have included acupuncture, oral medications, chiropractic treatment, and aquatic therapy. The diagnostic studies to date have included a urine drug screen on 05-05-2015 with consistent findings. According to the medical report dated 02-06-2015, the injured worker underwent an x-ray of the left wrist on 02-24-2014 which showed remote appearing fracture of the ulnar styloid process. The progress report dated 02-17-2015 indicates that the injured worker complained of neck pain, low back pain with numbness and weakness, burning right hip pain with numbness and weakness, burning left hip pain with numbness and weakness, and burning left knee pain with heaviness and weakness. The objective findings include decreased and painful cervical range of motion; tenderness to palpation of the cervical paravertebral muscles; muscle spasm of the cervical paravertebral muscles; decreased and painful lumbar range of motion; tenderness to

palpation of the lumbar paravertebral muscles; muscle spasm of the lumbar paravertebral muscles; tenderness to palpation of the anterior and lateral left hip; decreased and painful left knee range of motion; tenderness to palpation of the left anterior knee, lateral knee, medial knee, and posterior knee. The treatment plan included a prescription for Hydrocodone 10-325mg #100, one tablet every 8 hours as needed for pain, the continuation of medications, and topical medications ordered. The injured worker's work status was not indicated. The progress report dated 04-02-2015 indicates that the injured worker has been instructed by the Chiropractor to remain off work until 05-17-2015. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Norco 10-325mg #100, Voltaren 50mg #120, and Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The most recent urine drug screen was performed on 05-15-2015. The injured worker's return to work was not indicated by the treating physician. There is no evidence of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Voltaren 50 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that NSAIDs (non-steroidal anti-inflammatory drugs) are "recommended at the lowest dose for the shortest period in patients with moderate to severe pain." Voltaren (Diclofenac) is an NSAID. For back pain, NSAIDs are recommended as a second-line treatment after acetaminophen. MTUS states that anti-inflammatory medications are the traditional first line of treatment to reduce pain so that activity and function restoration can resume. However, long-term use may not be justified. There is no documentation of how long the injured worker has been using Voltaren. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Voltaren is not medically necessary.

Soma 350 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29 and 63-65.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Soma (Carisoprodol) is not recommended, and this medication is not indicated for long-term use. There is no documentation of how long the injured worker has been taking Soma. Abuse has been noted for sedative and relaxant effects. Soma is a muscle relaxer, and its side effects include drowsiness. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Soma is not recommended for longer than a 2 to 3 week period. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The request does not meet guideline recommendation. Therefore, the request is not medically necessary.