

Case Number:	CM15-0168306		
Date Assigned:	09/09/2015	Date of Injury:	01/02/2003
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 46 year old female who sustained an industrial injury on 01-02-2003. The injured worker was diagnosed with status post cervical fusion, herniated lumbar disc with radiculopathy, left shoulder impingement and tendinitis, right shoulder sprain and strain and tendinitis, bilateral carpal tunnel syndrome, weight gain and gastritis. The injured worker is status post bilateral carpal tunnel release 6 months apart in 2006, cervical disc fusion C5-C6 and C6-C7 with iliac crest bone graft in 2013, and gastric bypass surgery on March 27, 2015. According to the primary treating physician's progress report on July 17, 2015, the injured worker continues to experience pain, weakness, numbness and tingling in both hands and unable to maintain a grasp on objects. The injured worker also reported neck pain with stiffness. Examination demonstrated moderate tenderness over both pronator tunnels and both carpal tunnels with mild tenderness over the right cubital tunnel. Tinel's, Phalen's and Durkin's were positive bilaterally. Provocative testing was positive at the right pronator tunnel and negative on the left. Cubital tunnel compression and elbow flexion tests were positive on the right at 10 seconds and negative on the left. Sensation was attenuated in the right 2nd through 4th digit and left 1st through 3rd digits. Cervical and lumbar examination was unchanged. According to the medical review on April 6, 2015, objective findings of the cervical spine noted forward flexion at 30 degrees, extension at 35 degrees, rotation at 40 degrees to the right and 45 degrees to the left and bilateral lateral bending at 30 degrees each. Paraspinal muscle tenderness and spasm was noted. There was tightness and spasm in the trapezius, sternocleidomastoid and bilateral strap muscles. Deep tendon reflexes were 2+ bilaterally in the upper extremities and a positive

foraminal compression test was documented. The April 6, 2015 report noted that due to increasing constipation and gastrointestinal (GI) upset, all oral narcotics were discontinued and Fentanyl patches were dispensed. The injured worker received a Toradol intramuscular injection at the office visit. The urine drug screening on this date noted no detection of any narcotics. Prior treatments documented to date have included diagnostic testing with recent Electromyography (EMG)-Nerve Conduction Velocity (NCV) performed on February 18, 2015, surgery, steroid injections, Toradol intramuscularly, psychological evaluation and treatment, wrist splint and medications. Current medications were listed as Norco 10mg-325mg, Fioricet, Topamax, Movantik, Soma, Ativan, Lunesta and Nexium. The injured worker has not worked since the injury. According to the July 17, 2015 medical report, the treatment plan consisted of dispensing Voltaren ER 100mg, Protonix, and Xanax 1mg, continuing with wrist splint, electrodiagnostic studies update, restrictive work duties and if not accommodated then the injured worker would be temporary total disability (TTD). The Utilization Review on 08-06-2015 determined the request for Soma 350mg 1 tab every 6 hours #120 with 2 refills and Norco 10/325mg 1 tab every 6 hours as needed #90 was not medically necessary, therefore not certified and the ordering provider would follow safe discontinuation of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab every 6 hours as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Weaning of Medications Page(s): 78-80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function for several months. There was no mention of Tylenol or weaning failure. The claimant previously had GI issues with opioids. Pain scores were not routinely noted. The continued use of Norco is not medically necessary.

Soma 350mg 1 tab every 6 hours #120 with 2 refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone (Norco) which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.