

Case Number:	CM15-0184490		
Date Assigned:	09/25/2015	Date of Injury:	03/25/2015
Decision Date:	10/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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 48 year old male who sustained an industrial injury on 3-26-15. A review of the medical records indicates he is undergoing treatment for left cervical radiculopathy, severe cervical strain, bilateral shoulder strain, status post arthroscopic bilateral shoulder surgery, left lumbar radiculopathy - rule out herniated nucleus pulposus, right knee pain, and anxiety, depression, and insomnia. Medical records (5-19-15) indicate complaints of "intractable" neck pain, headache, bilateral upper back pain, and left upper extremity pain. He rates his pain "9 out of 10". He also complains of bilateral shoulder pain, affecting the left worse than the right, rating it "7 out of 10". He reports "intractable" lower back pain that radiates to the left leg, rating it "9 out of 10". He states that the pain radiates "all the way down to the left foot" and is associated with numbness, weakness, tingling sensation, and paresthesia in the left leg. He also reports that the left leg buckles after walking for more than one block. He reports that his pain medications are not helping to control his pain. In addition, he complains of "moderate to severe" right knee pain, rating it "7 out of 10". He also reports anxiety and depression secondary to chronic pain and "recent new injury and his disability status". He reports that he is "unable to sleep more than one to two hours at any given time". He reports difficulty in self-care, grooming, bathing, dressing, household chores, and driving. The physical exam reveals tenderness of the cervical spine from C2-C6 bilaterally, as well as bilateral cervical facet tenderness at C5-C6, C6-C7. Range of motion is limited of the cervical spine. The right shoulder reveals tenderness bilaterally, affecting the left side more than the right. Range of motion is painful, but greater on the left side. The lumbar spine has tenderness from L3-L5 bilaterally,

affecting the left side more than the right. Bilateral lumbar facet tenderness is noted at L4-L5, L5-S1. Range of motion of the lumbar spine is limited. Straight leg raising test is positive on the left at 45 degree elevation of the leg. The right knee is noted to be painful to flexion and extension, with noted crepitus in the right knee. Diagnostic studies have included an MRI of the cervical spine. Treatment has included medications: Ibuprofen, Tylenol #3, and Flexeril. He reports no benefit from Flexeril in the past. The treating provider recommends a left cervical transforaminal epidural steroid injection under fluoroscopy at C5-C6, C6-C7. The provider also recommends a lumbar MRI, Norco 10-325, 1 tablet 4-6 times daily for severe pain, Soma, 1 tablet twice daily for muscle spasms, and Lyrica 50mg twice daily. The utilization review (8-18-15) indicates the requests and determinations for Norco 10-325mg #30 - denied, stating that the provider "appears to be switching to a different opiate, however, there is no information provided as to the need for change or response to present medication usage under the 4 A's". In regards to Soma 350mg #20 - denied, indicating that there is "no indication for usage of this agent". For Lyrica 60mg #20 - denied, indicating that the guidelines document the medication to "be effective in treatment of diabetic neuropathy and postherpetic neuralgia". The rationale states "none of the present diagnoses noted in the guidelines affect the patient and cannot be found for medical necessity".

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 RX date 5/19/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

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 Tylenol # 3 and NSAIDS without significant improvement in pain. Tylenol # 3 contains short-acting opioids similar to Norco. No one opioid is superior to another. Continued and chronic use of short-acting opioids including Norco as prescribed on 5/19/15 is not medically necessary.

Soma 350mg #20 RX date 5/19/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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 Norco which increases side effect risks and abuse potential. The use of Soma is not medically necessary.

Lyricea 50mg #20 RX date 5/19/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Pregabalin (Lyricea).

Decision rationale: According to the guidelines, Lyricea is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyricea along with other analgesics. There was no mention of failure or trial of Gabapentin which may be tried for short term radicular symptoms. The Lyricea on 5/19/15 is not medically necessary.