MAXIMUS Federal Services

Case Number:	CM15-0186601		
Date Assigned:	09/28/2015	Date of Injury:	05/04/2006
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/22/2015

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 49 year old male, who sustained an industrial injury on 5-4-08. The injured worker was diagnosed as having chronic cervical mechanical myofascial pain with flare-up, chronic right cervical syndrome at C5-6 with flare-up, and disc protrusion at C5-6 and C6-7. Treatment to date has included medication including Norco and Soma. Physical examination findings on 7-30-15 included restricted cervical spine range of motion, positive Spurling maneuver on the right, and negative impingement sign. Tightness of the paravertebral, splenius capitis, trapezii, and levator scapulae was also noted. Crepitus of the right shoulder and signs of osteoarthritis in bilateral hands was noted. On 5-21-15 and 7-30-15 pain was rated as 7 of 10. The injured worker had been taking Norco and Soma since at least May 2015.On 7-30-15, the injured worker complained of neck pain and difficulty sleeping. The treating physician requested authorization for Norco 7.5-325mg #60 and Soma 350mg #30. On 8-19-15 the utilization review physician modified Norco to a quantity of 30 and Soma to a quantity of 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Norco without documentation of pain score reduction with medication. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.