

Case Number:	CM15-0187126		
Date Assigned:	09/29/2015	Date of Injury:	08/27/2004
Decision Date:	11/12/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female who sustained an industrial injury on 08-27-2004. According to a progress report dated 08-24-2015, the injured worker reported neck pain, low back pain, left shoulder pain and right and left wrist hand pain. Pain level was noted as "mod". Objective findings included palpable tenderness to the cervical spine, lumbar spine, left and right wrist and left shoulder. Diagnoses included cervical spine sprain strain, multilevel disc bulge at L4-5 and L5-S1, status post excision of volar ganglion cyst of left wrist, status post left carpal tunnel release on 01-23-2008, status post right carpal tunnel release and status post left shoulder arthroscopy. The treatment plan included home exercise program, Soma, Xanax and Ambien. The injured worker was to remain off work until 09-29-2015. An authorization request dated 08-24-2015 was submitted for review. The requested services included Norco 10-325 mg #120 and Soma. On 09-16-2015, Utilization Review modified the request for Norco 10-325 mg #120 and Soma 350 mg #120. Records submitted for review shows use of Soma dating back to 04-20-2015. It is unclear how long the injured worker had been utilizing Norco. Urine drug screens were not submitted for review.

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 Medical Treatment 2009.

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

Decision rationale: The patient presents with pain in the neck, low back, left shoulder, and bilateral wrists. The request is for NORCO 10/325MG #120. The request for authorization is dated 08/24/15. The patient is status post left carpal tunnel release, 01/23/08. Status post right carpal tunnel release. Status post excision of volar ganglion cyst, left wrist. Status post left shoulder arthroscopy. Physical examination of the cervical spine reveals palpable tenderness. Axial compression test is positive. Exam of lumbar spine reveals palpable tenderness and a positive Sacral Compression test. Exam of the left shoulder reveals palpable tenderness. Exam of the bilateral wrists reveals palpable tenderness. Patient is to continue home exercise program to increase conditioning. Patient's medications include Soma, Xanax, Ambien, and Norco. Per progress report dated 08/24/15, the patient is to remain off work. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Prescription history for Norco is not provided to determine when this medication was initiated. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES, or opioid contract. In this case, treater has not discussed the 4 A's as required by MTUS. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Soma 350mg #120: 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), Muscle relaxants (for pain).

Decision rationale: The patient presents with pain in the neck, low back, left shoulder, and bilateral wrists. The request is for SOMA 350MG #120. The request for authorization is dated 08/24/15. The patient is status post left carpal tunnel release, 01/23/08. Status post right carpal tunnel release. Status post excision of volar ganglion cyst, left wrist. Status post left shoulder arthroscopy. Physical examination of the cervical spine reveals palpable tenderness. Axial compression test is positive. Exam of lumbar spine reveals palpable tenderness and a positive Sacral Compression test. Exam of the left shoulder reveals palpable tenderness. Exam of the bilateral wrists reveals palpable tenderness. Patient is to continue home exercise program to increase conditioning. Patient's medications include Soma, Xanax, Ambien, and Norco. Per progress report dated 08/24/15, the patient is to remain off work. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request is NOT medically necessary.