

Case Number:	CM15-0187647		
Date Assigned:	09/29/2015	Date of Injury:	09/01/1999
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
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: Indiana, Michigan, 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 56 year old male who experienced a work related injury on September 1, 1999. Diagnoses are chronic back pain, intractable neck pain, cervical and lumbar degenerative joint disease, migrainous and cervicogenic headaches. Treatment has involved anterior cervical discectomy with fusion and medications. MRI of the lumbar spine was noted in the records with mention of facet overgrowth with neuroforaminal compromise but no formal report was present. Request is for Norco tab number 240, SOMA tab 350 mg number 90 and Maxalt MLT 10 mg number 9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Opioids for chronic pain.

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

Decision rationale: MTUS Guidelines state when to continue and discontinue opioids. Specifically, the continuation of opioids is recommended if there is a return to work and improvement in function and pain has occurred. Discontinuation of opioids is recommended if there is no overall improvement in function. Documentation regarding the injured workers pain status and functional improvement indicate that there is no overall improvement in pain or function. Considering this lack of functional improvement and decrease in pain along with the information in the MTUS Guidelines regarding opioid use for chronic back pain revealing opioids are efficacious for short term relief and long term efficacy is unclear and appears limited the request for Norco tab number 240 is not medically necessary and appropriate.

Soma tab 350 mg #90: 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: The injured worker suffers from chronic neck and back pain with cervicogenic and migrainous headaches. Medication treatment with Soma has not led to a resolution of the pain. MTUS Chronic Pain Medical Treatment Guidelines on page 29 specifically state that Soma is not recommended or indicated for long-term use. The MTUS Chronic Pain Medical Treatment Guidelines on page 65 under Carisoprodol (Soma, Soprodol, Vanadium, generic available) state "neither of these formulations is recommended for longer than a 2 to 3 week period." Records review show Soma has been used longer than 2 to 3 weeks and with no long-term pain relief or improvement in function. Consequently, the use of Soma is not medically necessary and appropriate.

Maxalt MLT 10 mg #9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Chapter Triptans; Migraine pharmaceutical treatment and Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Maxalt Rizatriptan Head Chapter Migraine Pharmaceutical Treatment.

Decision rationale: The records indicate the injured worker experiences cervicogenic and migrainous headaches from the work related injury that occurred on September 1, 1999. Medication treatment with Maxalt has improved pain control regarding the headache symptoms. ODG recommends Triptans for migraine sufferers and state that all oral Triptans are effective and well tolerated. Therefore, the use of Maxalt MLT 10 mg number 9 is medically necessary and appropriate.