

Case Number:	CM15-0189222		
Date Assigned:	10/01/2015	Date of Injury:	08/04/2011
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/25/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports Medicine

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 8-4-11. The injured worker is being treated for unspecified disorder of bursae tendons of shoulder, cervicgia and sprain-strain of thoracic region. Urine drug screen was positive for a possible oxycodone, which was an aberrant finding. Treatment to date has included Hydrocodone 10-325mg, Lidoderm patch 5%, Baclofen, Meloxicam, Lyrica and Toradol. On 9-14-15, the injured worker complains of chronic thoracolumbar pain as well as left sciatic pain and left shoulder girdle pain; she has been managing her symptoms with Norco and Lidoderm patches. She rates the pain 7 out of 10 with medication and 9 out of 10 without medication; and improved functions including performing laundry, cooking an able to stand. Work status is noted to be temporarily totally disabled. Physical exam performed on 9-14-15 revealed a non-antalgic gait, tenderness throughout the whole spine as well as the left greater than right paraspinal musculature, full cervical range of motion and normal neurological sensation, reflexes and motor testing. The treatment plan included request for Norco 10-325mg, Flexeril 10mg and Soma 250mg. On 9-22-15, a request for Norco 10-325mg #270 was modified to #90, Flexeril 10mg #180 modified to #20 and Mobic 15mg #90 and Soma 250mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #270: Overturned

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, criteria for use.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. This has been documented in the clinical records, and it appears that this medication has given functional gain to the patient. According to the clinical documentation provided and current MTUS guidelines, Norco, as written above, is medically necessary to the patient at this time.

Mobic 15mg #90: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Mobic. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. This is also recommended as a first line medication in pain. According to the clinical documentation provided and current MTUS guidelines, Mobic is medically necessary to the patient at this time.

Flexeril 10mg #180: 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): Muscle relaxants (for pain).

Decision rationale: MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short-term therapy. There is also a request for a second muscle

relaxant. According to the clinical documentation provided and current MTUS guidelines, Flexeril is not medically necessary for the patient at this time.

Soma 250mg #60: 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): Muscle relaxants (for pain).

Decision rationale: MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short-term therapy. There is also a request for a second muscle relaxant. According to the clinical documentation provided and current MTUS guidelines, Soma is not medically necessary for the patient at this time.