

Case Number:	CM15-0200518		
Date Assigned:	10/15/2015	Date of Injury:	01/06/1984
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey

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:

This 66 year old woman sustained an industrial injury on 1-6-1984. Diagnoses include chronic pain syndrome and cervical spondylosis. Treatment has included oral medications. Physician notes dated 5-6-2015 show complaints of chronic neck pain. The physical examination shows tenderness to palpation at C7 with "diminished" rotation. There was tenderness to palpation noted at T3-T4 as well. Recommendations include Norco, Soma, Dilaudid, and Amitriptyline. Utilization review denied requests for Norco and Soma on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, 2 tablets 3 times per day, #180 for 3 months: 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), Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended, as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, there was record of the worker using Soma chronically leading up to this request for its muscle relaxant properties. However, upon review of the notes provided, there was no documented measure of pain-reducing ability and increase in functional gains directly related to the use of Soma. Regardless, this medication class is not recommended for chronic use. Therefore, this request for Soma to be continued, particularly at the requested number of pills, is not medically necessary. Weaning may be indicated.

Norco 10/325mg, 1-2 tablets every 4-6 hours as needed, #240 for 3 months: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of having been using Norco leading up to this request for continuation. However, there was no record found in the recent notes provided to show clearly this full review for opioid use to help justify its continuation. There was no mention of measurable functional gain and reduction of pain directly from Norco use. Therefore, this request for ongoing Norco is not medically necessary. Weaning may be indicated.