

Case Number:	CM15-0202814		
Date Assigned:	10/19/2015	Date of Injury:	05/19/2014
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54-year-old female, who sustained an industrial injury on May 19, 2014, incurring neck and low back injuries. She was diagnosed with cervical disc disease, lumbar degenerative disc disease, lumbar radiculopathy and lumbar disc herniation. Treatment included muscle relaxants, anti-inflammatory drugs, pain medications, cold packs and activity restrictions. Currently, the injured worker complained of persistent neck pain, dull, aching and burning rated 6 out of 10 on a pain scale for 0 to 10. The pain radiated to the trapezius muscle and left shoulder. She noted continued to have sharp and shooting pain in the left lower back. She had persistent muscle spasms throughout her back and neck. The treatment plan that was requested for authorization included an orthopedic evaluation for the left shoulder, retro Norco 10-325 mg #60 with a date of service of August 18, 2015, and retro Soma 350 mg #15 with a date of service of August 18, 2015. On September 23, 2015, a request for retro prescriptions for Norco and Soma and an orthopedic evaluation was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation x 1 for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: This 54 year old female has complained of neck pain and low back pain since date of injury 5/19/2014. She has been treated with physical therapy and medications. The current request is for an orthopedic evaluation x 1 for the left shoulder. The available medical documentation shows that an orthopedic evaluation request has already been approved/ certified (08/10/2015). A duplicate request is not indicated. Based on the available medical records and per the guidelines cited above, a second request orthopedic evaluation for the left shoulder is not indicated as medically necessary.

Retro Norco 10/325 mg #60 with a dos of 8/18/2015: 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.

Decision rationale: This 54 year old female has complained of neck pain and low back pain since date of injury 5/19/2014. She has been treated with physical therapy and medications to include opioids since at least 05/2015. The current request is for retro Norco dos 8/18/2015. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, retro Norco dos 8/18/2015 is not indicated as medically necessary.

Retro Soma 350 mg #15 with a dos of 8/18/2015: 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: This 54 year old female has complained of neck pain and low back pain since date of injury 5/19/2014. She has been treated with physical therapy and medications to include Soma (Carisoprodol) since at least 03/2015. The current request is for retro Soma dos 8/18/2015. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.