

Case Number:	CM15-0022906		
Date Assigned:	02/12/2015	Date of Injury:	01/24/2002
Decision Date:	04/08/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 63-year-old male who reported an injury on 01/24/2010 after a 600 pound object fell on his left side. The injured worker was evaluated on 01/05/2015. It was documented that the injured worker had continued pain complaints exacerbated by movement. The injured worker's medications were noted to be Norco, Soma, Gabapentin, and ibuprofen. Physical exam findings included a flat lumbar back secondary to an L4-S1 posterior spinal fusion without instrumentation. The injured worker's treatment plan included surgical consideration and continuation of medications. A Request for Authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg 1 by oral Twice per day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Soma 350 mg 1 by oral Twice per day #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of this medication for acute exacerbations of chronic pain for very short periods of time not to exceed 2 to 3 weeks due to the high risk of psychological and physical dependence. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As the refill request indicates that the injured worker has been on this medication for an extended period of time, continued use would not be supported. As such, the requested Soma 350 mg 1 by oral Twice per day #60 is not medically necessary or appropriate.

Norco 10/325mg 1 by mouth twice per day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325mg 1 by mouth twice per day #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by an assessment of pain relief, managed side effects, functional benefit, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of pain relief or functional benefit resulting from medication usage. Furthermore, there is no indication that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported in this clinical situation. As such, the requested Norco 10/325mg 1 by mouth twice per day #60 is not medically necessary or appropriate.