

Case Number:	CM15-0023948		
Date Assigned:	02/13/2015	Date of Injury:	10/11/2006
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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
 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 51 year old male, who sustained an industrial injury on 10/11/06. He has reported pain in the neck, shoulders and low back. The diagnoses have included lumbar degenerative disc disease, right shoulder tendinosis, cervical disc disease and lumbar disc herniation. Treatment to date has included left knee arthroscopy, physical therapy, MRI of the right shoulder and cervical spine and oral medications. As of the PR2 dated 1/6/15, the injured worker reports 6-8/10 pain in the neck, low back, left wrist and left knee. He indicated that the pain is relieved with his current medications. The treating physician requested Norco 10/325mg #90 and Soma 350mg #42. On 1/21/15 Utilization Review non-certified a request for Norco 10/325mg #90 and Soma 350mg #42. The utilization review physician cited the MTUS chronic pain medical treatment guidelines. On 2/2/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #90 and Soma 350mg #42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Opioids, Specific Drug List , Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with cervical spine, lumbar spine, left hand, left knee, and left hip pain rated 7-8/10. The patient's date of injury is 10/11/06. Patient is status post left knee arthroscopy, though the date and exact procedure are not specified. The request is for NORCO 3/325MG, QUANTITY 90. The RFA is dated 01/12/15. Physical examination dated 01/05/15 reveals tenderness to palpation of the bilateral cervical paraspinal muscles, trapezius muscle, positive Spurling's test, positive cervical compression test. Lumbar spine examination revealed tenderness to palpation of the bilateral lumbar paraspinal muscles, positive Kemp's test bilaterally, positive straight leg raise test on the left at 70 degrees. Left shoulder examination revealed decreased range of motion, painful arc over 135 degrees, and decreased motor strength. The patient is currently prescribed Norco and Soma. Diagnostic imaging was not included. Patient is retired. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regards to the request of Norco for the management of this patients intractable pain, treater has not provided adequate documentation of functional improvement to continue use. Progress note dated 01/25/15 describes a reduction in pain from 8/10 to 3/10 attributed to this medication, though does not provide specific functional improvements. Furthermore, no consistent urine drug screens or discussion of a lack of aberrant behavior are provided. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.

Soma 352mg, quantity: 42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with cervical spine, lumbar spine, left hand, left knee, and left hip pain rated 7-8/10. The patient's date of injury is 10/11/06. Patient is status post left knee arthroscopy, though the date and exact procedure are not specified. The request is for SOMA 352MG, QUANTITY 42 The RFA is dated 01/12/15. Physical examination dated 01/05/15 reveals tenderness to palpation of the bilateral cervical paraspinal muscles, trapezius muscle, positive Spurling's test, positive cervical compression test. Lumbar spine examination revealed tenderness to palpation of the bilateral lumbar paraspinal muscles, positive Kemp's test bilaterally, positive straight leg raise test on the left at 70 degrees. Left shoulder examination revealed decreased range of motion, painful arc over 135 degrees, and decreased motor strength. The patient is currently prescribed Norco and Soma. Diagnostic imaging was not included. Patient is retired. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66:

"Carisoprodol -Soma, Soprodal 350, Vanadom, generic available: Neither of these formulations is recommended for longer than a 2 to 3 week period." In regards to the requested Soma, the duration of this medication's utilization exceeds guideline recommendations. This patient has been receiving Soma since at least 01/07/13. MTUS guidelines do not support the use of this medication for periods of time longer than 2-3 weeks. The request for 42 tablets does not imply intended short-term use. Therefore, the request IS NOT medically necessary.