

Case Number:	CM15-0024408		
Date Assigned:	02/13/2015	Date of Injury:	04/12/2002
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65-year-old female who reported an injury on 04/12/2002 due to an unspecified mechanism of injury. On 01/08/2015, she presented for a followup evaluation regarding her work related injury. She noted a functional improvement with her medication regimen and stated that her pain was at a 2/10 to 3/10 with medications, and without, it was a 5/10. She also noted improvement with her activities of daily living. She was noted to be using Vicodin 1 tablet 2 to 3 times a day for pain and Soma 1 tablet 1 to 2 times a day for muscle spasms. She denied any side effects to her medications. A physical examination showed tenderness and spasm noted in the bilateral paracervical muscles and bilateral trapezius. Range of motion was noted to be decreased in the cervical spine. She was diagnosed with sprain and strain of the cervical spine, cervical radiculopathy, and left shoulder impingement syndrome. The treatment plan was for Vicodin ES and Soma. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/300mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list.

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

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. While it was noted that the injured worker had a quantitative decrease in pain with the use of her medications, the frequency of the medication was not submitted within the request. Without the frequency of the medication, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Soma 350mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The California MTUS Guidelines do not recommend the use of Soma and state that his medication is not indicated for long term use. The clinical documentation submitted for review does show that the injured worker reported a relief with the use of this medication. However, this medication is not recommended by the guidelines. Also, without knowing how long she has been using Soma for treatment, continuing would not be supported, as it is not indicated for long term treatment. Therefore, the request is not supported. As such, the request is not medically necessary.