

Case Number:	CM15-0025146		
Date Assigned:	02/17/2015	Date of Injury:	08/09/2004
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
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 44 year old male, who sustained an industrial injury on 8/9/2004. Details regarding the initial injury and prior treatment was not submitted for this review. The diagnoses have included pain in the shoulder. Medical records for this review included one progress note. Currently, the IW complains of left shoulder pain. On 1/15/15, the provider documented the medications relieved pain and allowed function to continue working full duty. There were no objective findings documented. The plan of care included continuation of previously prescribed medications. On 2/4/2015 Utilization Review non-certified Norco 5/325mg #30, Soma 350mg #30, and Voltaren ER 100mg #30, noting the documentation did not support long term use of the requested treatments. The MTUS Guidelines were cited. On 2/9/2015, the injured worker submitted an application for IMR for review of Norco 5/325mg #30, Soma 350mg #30, and Voltaren ER 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, criteria for use, On-going Management, Weaning of medications Page(s): 76-80, 91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 44 year old patient presents with pain in the left shoulder, as per progress report dated 01/15/15. The request is for NORCO 5/325 mg # 30. The RFA for this case is dated 01/29/15, and the patient's date of injury is 08/09/04. Medications included Voltaren ER, Soma and Norco. The patient is working full duty, as per progress report dated 01/15/15. 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 4A's (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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only one progress report is available for review. The progress report dated 01/15/15 does document the use of Norco but there is no discussion regarding reduction in pain or change in pain scale due to Norco use. The treater does not use a validated scale to demonstrate a measurable increase in function. No CURES and UDS reports are available for review. There is no documentation of side effects as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 64, 65.

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

Decision rationale: The 44 year old patient presents with pain in the left shoulder, as per progress report dated 01/15/15. The request is for Soma 350 mg # 30. The RFA for this case is dated 01/29/15, and the patient's date of injury is 08/09/04. Medications included Voltaren ER, Soma and Norco. The patient is working full duty, as per progress report dated 01/15/15. 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 this case, only one progress report is available for review. The progress report dated 01/15/15 does document the use of Soma. The treater, however, does not discuss a specific improvement in function or reduction in pain due to its use. Additionally, MTUS only recommends the use of this drug for 2 to 3 weeks. Hence, the request IS NOT medically necessary.

Voltaren ER 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67,68,71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The 44 year old patient presents with pain in the left shoulder, as per progress report dated 01/15/15. The request is for Voltaren ER 100 mg # 30. The RFA for this case is dated 01/29/15, and the patient's date of injury is 08/09/04. Medications included Voltaren ER, Soma and Norco. The patient is working full duty, as per progress report dated 01/15/15. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain."In this case, only one progress report is available for review. The progress report dated 01/15/15 does document the use of Voltaren. The treater does not note any improvement in function or reduction in pain due to its use. Nonetheless, the patient suffers from chronic pain for which NSAIDs are indicated. Hence, the patient can take the medication at the treater's discretion. The request IS medically necessary.