

Case Number:	CM15-0211316		
Date Assigned:	10/30/2015	Date of Injury:	11/03/2003
Decision Date:	12/11/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/27/2015

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: Massachusetts

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:

This 59 year old woman sustained an industrial injury on 11-3-2003. Diagnoses include cervical spine radiculopathy and chronic pain syndrome. Treatment has included oral medications. Physician notes dated 10-9-2015 show complaints of neck pain with radiation down the bilateral arms and right side low back pain with radiation down the right leg. The worker rates her pain 8 out of 10 without medications and 2 out of 10 with medications. The physical examination shows cervical spine flexion 59 degrees, extension t20 degrees, positive Spurling's sign, diminished sensation to the right C5 and C6 distribution, and decreased brachioradialis reflexes noted as 1 out of 2. Recommendations include refill current medication regimen, continue home exercise program, cervical epidural steroid injection, and follow up in one month. Utilization Review denied a request for Norco and Soma on 10-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in November 2003 and is being treated for chronic bilateral upper extremity pain. She underwent a left cubital tunnel release in May 2010 and right carpal and cubital tunnel releases in March 2013. When seen, Norco, gabapentin, and Soma were being prescribed. Medications were decreasing pain from 8/10 to 2/10 with a 50% improvement in sitting, walking, and standing. Physical examination findings included decreased cervical spine range of motion with positive Spurling's testing. There was decreased right C5 and C6 sensation. There was a decreased brachioradialis reflex. Medications were continued. The total MED (morphine equivalent dose) was 60 mg per day. A cervical epidural steroid injection was pending. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Soma 350 MG Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in November 2003 and is being treated for chronic bilateral upper extremity pain. She underwent a left cubital tunnel release in May 2010 and right carpal and cubital tunnel releases in March 2013. When seen, Norco, gabapentin, and Soma were being prescribed. Medications were decreasing pain from 8/10 to 2/10 with a 50% improvement in sitting, walking, and standing. Physical examination findings included decreased cervical spine range of motion with positive Spurling's testing. There was decreased right C5 and C6 sensation. There was a decreased brachioradialis reflex. Medications were continued. The total MED (morphine equivalent dose) was 60 mg per day. A cervical epidural steroid injection was pending. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.