

Case Number:	CM15-0039063		
Date Assigned:	03/11/2015	Date of Injury:	02/25/2004
Decision Date:	12/14/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 52 year old female who sustained an industrial injury on 02-25-2004. A review of the medical records indicated that the injured worker is undergoing treatment for shoulder joint pain, cervical intervertebral disc displacement, cervicgia and depressive disorder. According to the treating physician's progress report on 12-03-2014 and 12-08-2014, the injured worker continues to experience neck, back and shoulder pain. Evaluation noted the injured worker is not using a walker but has a walking boot in place. There was marked swelling of the toes on the left foot with blisters. There was no further objective findings regarding the neck, back or shoulder noted in either progress note. Prior treatments and therapeutic modalities were not discussed. There was no indication of the time interval that the injured worker has taken these medications. No urine drug screening reports were submitted. Treatment plan consists of continuing medications and the current request for Norco 10mg-325mg #240, Relafen 750mg #60 and Soma 350mg #90. On 02-28-2015 the Utilization Review determined the requests for Norco 10mg-325mg #240, and Soma 350mg #90 were not medically necessary, however one month supply was approved for weaning purposes due to the nature of the drug. Relafen 750mg #60 was considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant has a remote history of a work injury in February 2004 when she fell and is being treated for chronic neck, back, and arm pain. Testing included findings of lumbar disc desiccation and bilateral carpal tunnel syndrome. When seen, the areas of pain generally remained the same. Physical examination findings included marked swelling of the toes of the left foot with blisters. She was using a walking boot. Medications were continued. Norco, Relafen, and Soma were prescribed. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen (nabumetone) of 2000 mg/day. In this case, the claimant has chronic persistent pain and swelling. The dose is within guideline recommendations and is considered medically necessary. 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 [REDACTED] 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 medically necessary.

Relafen 750mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a remote history of a work injury in February 2004 when she fell and is being treated for chronic neck, back, and arm pain. Testing included findings of lumbar disc desiccation and bilateral carpal tunnel syndrome. When seen, the areas of pain generally remained the same. Physical examination findings included marked swelling of the toes of the left foot with blisters. She was using a walking boot. Medications were continued.

Norco, Relafen, and Soma were prescribed. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Guidelines recommend a maximum dose of Relafen (nabumetone) of 2000 mg/day. In this case, the claimant has chronic persistent pain and swelling. The dose is within guideline recommendations and is medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 work injury in February 2004 when she fell and is being treated for chronic neck, back, and arm pain. Testing included findings of lumbar disc desiccation and bilateral carpal tunnel syndrome. When seen, the areas of pain generally remained the same. Physical examination findings included marked swelling of the toes of the left foot with blisters. She was using a walking boot. Medications were continued. Norco, Relafen, and Soma were prescribed. 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 medically necessary.