

Case Number:	CM15-0052683		
Date Assigned:	03/26/2015	Date of Injury:	01/01/1998
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 55 year old, female, who sustained a work related injury on 1/1/98. The diagnoses have included status post cervical spine fusion and lumbar strain/sprain. Treatments have included medications, cervical fusion surgery, cervical spine x-rays on 9/21/11 and MRI of cervical spine on 9/8/11. In the PR-2 dated 1/20/15, the injured worker complains of neck pain with radiation in left arm with numbness and tingling. She complains of low back pain. She has spasm and guarding in lumbar spine. She states pain gets worse when she has to use left arm and do work at shoulder level and above head. She states pain medication helps her to do her needed activities. The treatment plan is a request for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hydrocodone/APAP 10/325 mg #120 with a date of service of 1/20/2015:
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as hydrocodone/APAP, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with hydrocodone/APAP. The request is medically necessary.

Retrospective Soma 350 mg #90 with a date of service of 1/20/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Soma. This is not medically necessary and the original UR decision is upheld.