

Case Number:	CM15-0056374		
Date Assigned:	04/01/2015	Date of Injury:	11/03/2003
Decision Date:	05/05/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old female, who sustained an industrial injury on 11/03/2003. She reported repetitive type injury to upper extremity and neck. Diagnoses include cervical radiculopathy, lumbar radiculopathy, lumbar disc bulge with nerve root impingement, carpal tunnel syndrome, and bilateral cubital tunnel syndrome, status post carpal tunnel release. Treatments to date include activity modification, home exercise, medication therapy, and epidural steroid injections. Currently, she complains of low back pain with radiation to feet in L5 distribution. A cervical epidural provided on 12/22/14, was documented to have 60% relief of upper extremity symptoms. On 1/16/15, the physical examination documented a positive straight leg raise test. The plan of care included a lumbar epidural to L5, continuation of home exercise and continuation of previously prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS Guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for pain management but not recommended as a first line oral analgesic. In addition and according to MTUS Guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for a long time without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.

Soma 350mg quantity 90: Upheld

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

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

Decision rationale: According to MTUS Guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a long time without clear evidence of spasm or exacerbation or functional improvement. There is no justification for prolonged use of Soma. The request for Soma 350mg #90 is not medically necessary.