

Case Number:	CM15-0060499		
Date Assigned:	04/06/2015	Date of Injury:	05/20/2010
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on May 20, 2010. The injured worker had reported neck and left shoulder pain. The diagnoses have included chronic neck pain, rotator cuff syndrome, cervical sprain/strain and carpal tunnel syndrome. Treatment to date has included medications, radiological studies, home exercise program, psychological evaluation, physical therapy, bilateral wrist surgery and bilateral shoulder surgery. Current documentation dated March 3, 2015 notes that the injured worker reported persistent bilateral shoulder pain, neck pain and headaches. The wrist pain was noted to be the same. Physical examination of the wrist and /hands revealed tenderness and a decreased grip bilaterally. Bilateral shoulder examination showed tenderness anteriorly and laterally with a restricted range of motion. Cervical spine examination showed tenderness of the paraspinal muscles, negative testing and a decreased range of motion. The treating physician's plan of care included a request for the medications Soma 350 mg # 60, Norco 5/325 mg # 90 and Ibuprofen 800 mg # 60. Internal Medicine Evaluator recommended discontinued use of Soma. The primary treating physician has recently requested a transfer to a pain management physician due to medication reviews in U.R.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific with the statement that Soma is not recommended. Due to the problems associated with its use a whole separate section relating to Soma is in the Guidelines in addition to the section on muscle relaxants. There are no unusual circumstances to justify an exception to Guidelines. The Soma is not supported by Guidelines and is not medically necessary.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76-78, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious of opioids when there is reasonable documentation of how the medications are utilized, the amount of pain relief and functional improvements as a result of use. Norco is being prescribed at a very low level of use, which could lower the standards of documentation that might be necessary. However, there is no documentation of the specific pattern of use, how much pain relief is realized, how long is there pain relief, and functional benefits that result from use. Appropriate future documentation could alter this recommendation. Without any of the Guideline recommended documentation and monitoring, the Norco 5/325 #90 is not supported by Guidelines and is not medically necessary.

Ibuprofen 800mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68.

Decision rationale: MTUS Guidelines support the limited use of NSAIDs when there are inflammatory conditions or flare-ups of pain. The amount of Ibuprofen being prescribed is for prn use and this is consistent with Guidelines. This individual has several diagnoses that might have improved pain as a result of NSAID use as needed. The Guidelines do not have the same standard of documentation for NSAIDs as is required for Opioids. Under these circumstances, the Ibuprofen 800mg #60 is supported by Guidelines and is medically necessary.