

Case Number:	CM15-0242039		
Date Assigned:	12/21/2015	Date of Injury:	08/18/2000
Decision Date:	01/28/2016	UR Denial Date:	12/10/2015
Priority:	Standard	Application Received:	12/11/2015

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: Emergency 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 72 year old male, who sustained an industrial injury on August 18, 2000. He reported an injury causing neck pain, mid back pain, headaches and dizziness. The injured worker was currently diagnosed as having cervical strain status post cervical fusion with residual cervical pain, thoracic strain, post traumatic headaches and dizziness, overuse syndrome with bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release with continued bilateral hand and wrist tendinitis, bilateral lateral epicondylitis, bilateral shoulder pain and secondary anxiety due to chronic pain. Treatment to date has included diagnostic studies, surgery, home exercises, topical cream and oral medications. On November 17, 2015, the injured worker complained of neck pain with radiation to the upper extremities, mid back pain, bilateral shoulder pain, headaches, bilateral hand numbness and tingling, anxiety due to continued pain and difficulty sleeping due to pain being currently stable. Physical examination of the cervical spine revealed slight spasm of the paralumbar muscles. Spurling's sign was mildly positive to the right with scapular pain. There was mild tenderness of the posterior upper shoulder region and mild tenderness and spasm from T1-T7. His condition was noted to be overall unchanged since a previous examination at the same office. The treatment plan included continuation of Norco, continuation of Soma, continuation of Xanax, continuation of home exercises and follow-up care. On December 11, 2015, utilization review denied a request for Norco 10-325mg #120, Soma 350mg #90 and Xanax 0.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: The requested Norco 10/325 mg, 120 count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain with radiation to the upper extremities, mid back pain, bilateral shoulder pain, headaches, bilateral hand numbness and tingling, anxiety due to continued pain and difficulty sleeping due to pain being currently stable. Physical examination of the cervical spine revealed slight spasm of the paralumbar muscles. Spurling's sign was mildly positive to the right with scapular pain. There was mild tenderness of the posterior upper shoulder region and mild tenderness and spasm from T1-T7. His condition was noted to be overall unchanged since a previous examination at the same office. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg, 120 count is not medically necessary.

Soma 350 mg, ninety count: Upheld

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

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

Decision rationale: The requested Soma 350 mg, ninety count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain with radiation to the upper extremities, mid back pain, bilateral shoulder pain, headaches, bilateral hand numbness and tingling, anxiety due to continued pain and difficulty sleeping due to pain being currently stable. Physical examination of the cervical spine revealed slight spasm of the paralumbar muscles. Spurling's sign was mildly positive to the right with scapular pain. There was mild tenderness of the posterior upper shoulder region and mild tenderness and spasm from T1-T7.

His condition was noted to be overall unchanged since a previous examination at the same office. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350 mg, ninety count is not medically necessary.

Xanax 0.5 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The requested Xanax 0.5 mg, thirty count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, page 24, note that benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has neck pain with radiation to the upper extremities, mid back pain, bilateral shoulder pain, headaches, bilateral hand numbness and tingling, anxiety due to continued pain and difficulty sleeping due to pain being currently stable. Physical examination of the cervical spine revealed slight spasm of the paralumbar muscles. Spurling's sign was mildly positive to the right with scapular pain. There was mild tenderness of the posterior upper shoulder region and mild tenderness and spasm from T1-T7. His condition was noted to be overall unchanged since a previous examination at the same office. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 0.5 mg, thirty count is not medically necessary.