

Case Number:	CM14-0181198		
Date Assigned:	11/06/2014	Date of Injury:	04/03/2007
Decision Date:	12/31/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 3, 2007. In a Utilization Review Report dated October 3, 2014, the claims administrator denied a request for Soma, Cidaflex, and Norco, while approving a request for Elavil. Non-MTUS ODG guidelines were invoked to deny carisoprodol despite the fact that the MTUS addressed the topic. The claims administrator denied Cidaflex (glucosamine) on the grounds that the applicant did not have issues with arthritis or knee arthritis for which glucosamine would be indicated. The claims administrator stated that its decisions were based on a September 3, 2014, Request for Authorization (RFA) form and associated progress note, neither of which were incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed; however, the applicant's attorney did not attach any narrative commentary, applicant-specific rationale, or progress note to the applicant's Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant is, in fact, concurrently using Norco, an opioid agent. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request is not medically necessary.

Cidaflex 1500/400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine topic Page(s): 50.

Decision rationale: While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is recommended as an option in the treatment of arthritis pain, given its low risk, in this case, however, the documentation on file did not establish a diagnosis of generalized osteoarthritis and/or knee arthritis for which Cidaflex (glucosamine) would have been indicated. While it is acknowledged that the September 3, 2014, progress note and associated Request for Authorization (RFA) form in which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

Norco 7.5/325mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status, functional status and response to earlier usage of Norco were not clearly outlined. No clinical progress notes were attached to the application for Independent Medical Review, including September 3, 2014 progress note and associated RFA form on which the article in question was sought. Therefore, the request was not medically necessary.