

Case Number:	CM14-0093518		
Date Assigned:	07/25/2014	Date of Injury:	11/03/2003
Decision Date:	09/19/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 58-year-old female who reported injury on 11/03/2003. The mechanism of injury was the injured worker was pulling files while at work. Additionally, the injured worker had a repetitive motion injury. The specific mechanism of injury was not provided. The injured worker's medication history included Norco 10/325, Soma 350 mg, and Prilosec 20 mg as of at least 11/2013. The diagnostic studies include electrodiagnostic studies and nerve conduction studies. The diagnostic studies additionally included an MRI of the cervical spine. The injured worker was treated with epidural steroid injections and physical therapy. The surgical history included a right carpal tunnel release and right ulnar nerve submuscular transposition. The documentation of 05/23/2014 revealed the injured worker was status post cervical epidural steroid injection. The injured worker complained of low back pain radiating to the left posterior thigh. The objective findings revealed a negative Spurling's and a decreased sensation of the left arm. The diagnoses included cervical spine radiculopathy and C5-6 disc protrusion. The treatment plan included cervical epidural steroid injection #2, a continuation of a home exercise program and medications. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 quantity: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic painongoing management Page(s): 60 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 6 months. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Norco 10/325 quantity 180 is not medically necessary.

Soma 350mg QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. The usage is recommended for not more than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 6 months. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg quantity 90 is not medically necessary.

Prilosec 20mg quantity: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 6 months. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the requests for Prilosec 20 mg quantity 60 are not medically necessary.

