

Case Number:	CM14-0094858		
Date Assigned:	09/22/2014	Date of Injury:	09/03/1999
Decision Date:	10/21/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Interventional Spine 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 59-year-old female with an injury date of 09/31/1999. Based on the utilization review letter, the injured worker complains of left-sided neck pain and upper back muscle spasm. She has pain down her left upper extremity with occasional numbness/tingling along with pain in the ulnar aspect of the elbow going to the 4th and 5th digits. She has muscle spasm in the upper back and neck, which has previously responded to trigger point injections and Lidoderm patches. She has significant muscle spasm involving the left trapezius and rhomboid as well as the levator scapulae muscles, along with left mid to lower paraspinal muscle. The injured worker has tenderness in the lateral neck, sternocleidomastoid, and scalene muscle. She has a positive Tinel's over the left cubital tunnel and decreased sensation in the 4th and 5th digits. The injured worker's diagnoses include the following: 1. Displacement of lumbar intervertebral disk without myelopathy. 2. Disorder of trunk. 3. Carpal tunnel syndrome. 4. Neck pain. 5. Primary fibromyalgia syndrome. 6. Lumbar postlaminectomy syndrome. 7. Cervical postlaminectomy syndrome. 8. Brachial neuritis. 9. Displacement of cervical intervertebral disk without myelopathy. The utilization review determination being challenged is dated 06/06/2014. There were two treatment reports provided from 01/28/2014 and 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria For Use Of Opioids Page(s): 60,61, 88, 89.

Decision rationale: According to the utilization review letter, the injured worker complains of having left-sided neck pain and upper back muscle spasm. The request is for Norco 10/325 mg #90. There is no indication of when the injured worker began taking Norco. MTUS Guidelines pages 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician does not provide any pain scales for analgesia, nor were there any discussions regarding adverse side effects/behavior or any significant changes in ADLs. The request for Norco 10/325mg #90 is not medically necessary. In this case, the treater does not provide any pain scales for analgesia, nor were there any discussions regarding adverse side effects/behavior or any significant changes in ADLs. Recommendation is for denial.

Soma 350mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: According to the utilization review letter, the injured worker complains of having left-sided neck pain and upper back muscle spasm. The request is for Soma 350 mg #45. There is no indication of when the injured worker began taking Soma. MTUS does not support the use of Soma for long term. Review of the reports does not provide when the injured worker began taking Soma; therefore, it is unknown how long the injured worker has been on this medication for. Since it is unknown if the injured worker is taking Soma on a long-term basis, the request is not medically necessary.