

Case Number:	CM14-0099310		
Date Assigned:	07/28/2014	Date of Injury:	10/31/2005
Decision Date:	10/08/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/27/2014

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:

This is a female patient who has developed chronic low back pain subsequent to an injury dated 10/31/05. She has been diagnosed with a lumbar radiculopathy and SI joint dysfunction. Epidural injections and facet rhizotomies have not been of benefit. She is currently treated with oral analgesics. Her history is notable for sleep apnea and she has clearance for pain meds when using the CPAP machine. She is also noted to have a significant amount of muscle spasm. The opioid medications are documented to provide significant benefits for ADL's and the Prilosec is provided due to dyspepsia from the oral analgesics.

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: Overturned

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

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

Decision rationale: MTUS Guidelines supports the long term use of opioids if use is minimized and there are resulting pain and functional benefits. It is well documented that ADL functions

are improved with the Norco. There is also no documented patterns of misuse. The Norco 10/325 mg. #180 is medically necessary.

Soma 350 MG Quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines are very specific with the statement that Soma is not medically recommended. MTUS Guidelines do support the long term use of specific antispasmodics if they are deemed essential, but Soma is not one of them. The Soma 350mg. #60 is not medically necessary.