

Case Number:	CM13-0056591		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2005
Decision Date:	03/25/2015	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old female, who sustained an industrial injury on 07/23/2006. She has reported subsequent neck, low back and left shoulder pain and was diagnosed with status post lumbar decompression, cervical pain with upper extremity symptoms, left shoulder pain, rule out lumbar intradiscal component and rule out lumbar radiculopathy. Treatment to date has included oral pain medication, home exercise and a back brace. In a progress note dated 12/29/2014, the injured worker complained of low back, neck and shoulder pain that was rated as 6-7/10. Objective physical examination findings were notable for tenderness of the lumbar and cervical spine, limited range of motion and tenderness of the left shoulder with limited range of motion. A request for authorization of MRI of the lumbar spine was made. On 01/28/2015, Utilization Review non-certified a request for MRI of the lumbar spine, noting that there is a lack of clinical documentation in support of a recent change or progression of significant neurological deficit. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 320MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: This 50 year old female has complained of low back pain and left shoulder pain since date of injury 7/23/06. She has been treated with lumbar spine surgery, physical therapy and medications to include Soma since at least 07/2014. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.

NORCO 10-325MG #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 50 year old female has complained of low back pain and left shoulder pain since date of injury 7/23/06. She has been treated with lumbar spine surgery, physical therapy and medications to include opioids since at least 07/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.