

Case Number:	CM15-0010480		
Date Assigned:	01/28/2015	Date of Injury:	10/22/2007
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 45 year old female, who sustained an industrial injury on October 27, 2007. She has reported lower back pain, neck pain, and bilateral knee pain. The diagnoses have included cervical and lumbar spine disc protrusions, cervical spine stenosis, cervical spine radiculopathy, and chronic pain syndrome. Treatment to date has included chiropractic, physical therapy, heat, cervical spine fusion, medications, and imaging studies. Currently, the injured worker complains of neck pain radiating to the bilateral arms, lower back pain, and bilateral knee pain. The treating physician requested prescriptions for Norco, Soma and Flector patches. On December 19, 2014 Utilization Review certified the request for Norco and non-certified the request for Soma and Flector patches noting the lack of documentation to support the medical necessity of the medications. The MTUS chronic pain medical treatment guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: 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 soma Page(s): 29.

Decision rationale: MTUS guidelines do not support long term use of Soma. The medical records provided for review do not indicate or document the degree of functional benefit in support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication in regard to the insured to support mitigating reason soma should be used in the insured.

Flector patch #60 with one refill: 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 topical meds Page(s): 111.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records report trials of oral medications but does not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. There is no indication of failure of oral NSAIDS or intolerance to such medication. MTUS supports this agent is Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.