

Case Number:	CM15-0012780		
Date Assigned:	01/30/2015	Date of Injury:	12/06/1998
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 female patient, who sustained an industrial injury on 10/06/1998. An operative report dated 10/31/2014 reported the patient having had undergone a left thumb and little finger pulley release without difficulty. Additionally, a follow up visit note dated 10/27/2014 described the patient returning for evaluation of her right shoulder and wrist. She did undergo a steroid injection to the right shoulder in September with note of it still offering pain coverage. She is prescribed Naprosyn, Soma and Norco. On 01/07/2015 Utilization Review non-certified a request for Norco 5/325 and Soma, noting the CA MTUS Chronic Pain Guidelines were cited. the injured worker submitted an application for independent medical review on 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325 mg #50 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are right shoulder pain; neck pain; and trigger finger. Subjectively, the injured worker complains of pain in the about the right shoulder and right wrist with left arm trigger finger. The oldest known progress note in the medical record is dated July 11, 2014. Norco was prescribed at that time as a refill. The start date is not known. The request for authorization is December 2014. However, the most recent progress note in the medical record is dated September 29, 2014. Additionally, the medical record contains 50 pages. The records consist primarily of utilization reviews. There is no documentation containing objective functional improvement as it relates to ongoing Norco use to gauge its efficacy. Consequently, absent clinical documentation with objective functional improvement in addition to, detail pain assessments and risk assessments, Norco 5/325 mg #50 is not medically necessary.

Soma 350mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are right shoulder pain; neck pain; and trigger finger. Subjectively, the injured worker complains of pain in the about the right shoulder and right wrist with left arm trigger finger. The oldest known in the medical record is dated July 11, 2014. Soma was prescribed at that time as a refill. The exact start date is not known. The request for authorization is December 2014. However, the most recent progress note in the medical record is dated September 29, 2014. Additionally, the medical record contains 50 pages. The records consist primarily of utilization reviews. There is no documentation containing objective functional improvement as it relates to ongoing Soma use to gauge its efficacy. Soma is indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not contain evidence of back pain, either acute or chronic. Consequently, absent clinical

documentation with objective functional improvement in contravention of the recommended short-term guidelines (less than two weeks), Soma 350 mg #30 is not medically necessary.