

Case Number:	CM15-0016640		
Date Assigned:	02/05/2015	Date of Injury:	07/28/2004
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on 7/28/2004. On 1/29/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #120, and Soma 350mg #60. The treating provider has reported the injured worker complained of cervical spine and right shoulder, lumbar spine discomfort and right knee discomfort. The injured worker uses a back brace, ice and medication to control pain. The diagnoses have included sprain lumbar region, right shoulder impingement, status post surgery (2/18/05, right knee pain anterior cruciate ligament tear, status post right total knee replacement (6/23/09), left lumbar radiculopathy, right foot pain, status post drainage of ganglion cyst, cervical strain, depression and insomnia due to chronic pain. On 1/9/15 Utilization Review non-certified Soma 350mg #60 and MODIFIED Norco 10/325mg #120 to #96 between 12/17/14 and 3/9/15 for weaning. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: Due to the uncertain benefits from long term opioid use for non-cancer pain, Guidelines have very specific criteria for the prescribing physician to meet to justify long term use. These criteria include specific documentation of how much pain relief is provided, how long pain relief is provided and objective measures of functional benefits as a result of frequent opioid use. These standards have not been met. Under these circumstances, the Norco 10/325 #120 is not supported by Guidelines and is not medically necessary.

Soma 350mg #60: Upheld

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

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

Decision rationale: MTUS Guidelines do not recommend the use of Carisoprodol (Soma). There are no unusual circumstances to justify an exception to Guidelines that are very specific with the recommendation that Soma not be utilized for any medical condition. The Soma 350mg. #60 is not supported by Guidelines and is not medically necessary.