MAXIMUS Federal Services

Case Number:	CM15-0115045		
Date Assigned:	06/29/2015	Date of Injury:	01/15/2014
Decision Date:	08/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York
Certification(s)/Specialty: Pediatrics, 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 29 year old male who sustained an industrial injury on 01/15/2014. Current diagnoses include slipped disc in the cervical spine and radiculopathy into the right upper extremity, and chronic strain/sprain of the lumbar spine. Previous treatments were not discussed in the submitted documentation. Previous diagnostic studies include a cervical spine MRI dated 05/08/2015. Report dated 05/13/2015 noted that the injured worker presented with complaints that included pain in the neck extending through the right arm with radiculopathy to the lesser fingers of the right hand, pain which travels down the right side of the back to the buttocks into the right leg. Pain level was 7 (at rest) and 8 (with activity) out of 10 on a visual analog scale (VAS). Physical examination was positive for swelling in the right side of the neck, limited and decreased range of motion in the neck with pain, tenderness and guarding with muscle spasms in the right side of the neck and trapezius, foraminal compression test is positive, and today sensation is normal into all fingers of the right hand. The treatment plan included prescriptions for Norco and Soma for pain and muscle spasms, request for EMG and nerve conduction study, and remain off work for six weeks. Disputed treatments include Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: 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 the use of opioids, Opioids-long-term assessment, Opioids specific drug list-hydrocodone/Acetaminophen Page(s): 74, 76-82, 88-90, and 91.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Documentation provided did not include a detailed evaluation of the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. A current medication regimen was not included, or a list of medications that have been tried and failed in the past. Therefore the request for Norco 10/325 mg, #90 is not medically necessary.

Soma 350 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Carisoprodol (Soma) Page(s): 63 and 65.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of muscle relaxants for pain and antispasmodics. Recommendation is for non-sedating muscle relaxants for treatment of acute exacerbations in patients with chronic low back pain. Carisoprodol (Soma) is not recommended for longer than a 2-3 week period. The documentation submitted supports that the injured worker has objective findings of muscle spasms and current complaints are chronic and not an acute exacerbation. The records submitted did not include a current list of medications or other treatments previously attempted. It is unknown how long the injured worker has been prescribed this medication, nor was it indicated whether this was a new medication. Therefore the request for Soma 350 mg, #60 is not medically necessary.