

Case Number:	CM15-0118276		
Date Assigned:	06/26/2015	Date of Injury:	10/13/2011
Decision Date:	07/30/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59-year-old male who reported an industrial injury on 10/13/2011. His diagnoses, and/or impressions, are noted to include right hip post-traumatic arthritis, status-post right hip arthroscopic surgery (2012); with certification (on 4/29/15) for total right arthroplasty as soon as possible; status-post lumbosacral "PLIF" (7/2013) with residual pain; lumbosacral discopathy with right lower extremity radiculopathy; and medication-induced gastritis. Recent electro diagnostic studies of the lower extremities were said to be done on 4/14/2015; no current x-rays or imaging studies were noted. His treatments have included arthroscopic right hip surgery (2012); right hip injection therapy (5/2015); medication management; and rest from work. The pain management progress notes of 5/27/2015 reported a follow-up evaluation with no noted subjective complaints noted. Objective findings were noted to include mild distress; a significant antalgic gait favoring the right lower extremity; tenderness and increased muscle rigidity over the lumbar musculature, with numerous trigger points throughout the lumbar paraspinal muscles, and obvious muscle guarding with decreased range-of-motion; decreased deep tendon reflexes of the patella and Achilles tendons bilaterally; decreased strength of the right lower extremity; decreased sensation to the right lower extremity in mostly the lumbosacral dermatomes; positive right straight leg raise; and decreased strength in the right hip with positive Faber's sign and Stinchfield test, and painful/decreased range-of-motion. The physician's requests for treatments were noted to include the continuation of Norco, Soma and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without documentation of pain levels and in combination with Naproxen. There was no mention of weaning atemot, Tylenol failure or Tricyclic use. The continued and chronic use of Norco is not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carisoprodol.

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone (Norco) for several months, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.

Naproxyn 500mg #60: 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 NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scores were not routinely noted to determine effectiveness of Naproxen. Continued use of Naproxen is not medically necessary.

