

Case Number:	CM15-0126422		
Date Assigned:	07/10/2015	Date of Injury:	11/21/2002
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old female, who sustained an industrial injury on 11/21/2002. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical spondylosis with myelopathy and neck pain. Treatment to date has included diagnostics and medications. On 5/05/2015, the injured worker complains of persistent neck pain, with bilateral upper extremity pain, numbness, and tingling. She had headaches, poor balance, and was having falls. Her medications included Percocet and Soma (since at least 3/2015). Pain was rated 10/10 in the neck and 7-9/10 in the upper extremities. Magnetic resonance imaging findings were referenced. Urine toxicology was not noted. The treatment plan included cervical spinal surgery and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5-325 mg #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 opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 5/5/15 where pain was rated 10/10. Based on this the request is not medically necessary.

Soma 350 mg #60 with 3 refills: 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 carisoprodol Page(s): 29.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. In this case, the exam note from 5/5/15 does not demonstrate response to Soma. In addition, the guidelines do not recommend long term use. Based on this the request is not medically necessary.