

Case Number:	CM15-0128110		
Date Assigned:	07/14/2015	Date of Injury:	11/05/1999
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 84 year old female sustained an industrial injury to the neck, back and shoulder on 11/5/99. Documentation did not disclose recent magnetic resonance imaging. Previous treatment included cervical fusion and right shoulder surgery. Recent treatment consisted of medication management. In a PR-2 dated 12/7/14, the injured worker reported that her average pain was between 7-8/10 on the visual analog scale. Norco helped decrease her pain from 10/10 to 7/10. It took about 30 minutes for Norco to take effect and lasted for 3 to 4 hours at a time. Soma provided significant relief of muscle spasms and myofascial pain. In a PR-2 dated 6/4/15, the injured worker complained of pain ranging from 9/10 on the visual analog scale without medications and 4/10 with medications. The injured worker's pain was 7/10 at the time of the exam. Physical exam was remarkable for limited range of motion in bilateral shoulders. Current diagnoses included chronic neck pain, bilateral shoulder pain and loss of range of motion and chronic low back pain. The treatment plan included prescriptions for Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the neck, low back, and bilateral shoulders. The current request is for Norco (Hydrocodone/APAP) 10/325mg #240. The treating physician report dated 7/01/15 (7B) states, "She states that when she takes 2 Norcos and 1 Soma, she is able to stay very active for about 2 to 3 hours. Being very active, she is able to walk around, interact with her family, (and) go to meetings for Jehovah's Witness as she is part of that church. She is able to sleep much better." MTUS pages 88 and 89 states, "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 10/20/14 (32B). The report dated 10/28/14 notes that the patient's pain has decreased from 10/10 to 5-7/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to walk around, go to church, interact with her family and go grocery shopping. The patient's last urine drug screen performed on 12/17/14 was consistent. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

Soma 350mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants Page(s): 29, 63-66.

Decision rationale: The patient presents with pain affecting the neck, low back, and bilateral shoulders. The current request is for Soma 350mg #120 with 3 refills. The treating physician report dated 7/01/15 (7B) states, "She states that when she takes 2 Norcos and 1 Soma, she is able to stay very active for about 2 to 3 hours. Being very active, she is able to walk around, interact with her family, (and) go to meetings for Jehovah's Witness as she is part of that church. She is able to sleep much better." The MTUS guidelines page 29 states the following for Carisoprodol (Soma): "Not recommended. This medication is not indicated for long-term use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than

2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking Soma since at least 10/20/14 (32B). In this case, the use of the medication is outside the 2-3 weeks recommended by the MTUS guidelines. Furthermore, Soma is not recommended as outlined on page 29. The current request is not medically necessary.