

Case Number:	CM14-0001758		
Date Assigned:	01/22/2014	Date of Injury:	07/22/1999
Decision Date:	11/02/2015	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 patient is a 54-year-old male who reported injury on 07/22/1999. The mechanism of injury was noted to be blunt trauma. The patient's diagnosis was noted to be shoulder pain and mood disorder. The patient's medications were noted to be Neurontin 600 mg 1 at bedtime, Soma 350 mg 1 twice a day as needed, Norco 10/325 twice a day as needed, and Lunesta 3 mg 1 at bedtime as needed. The patient's pain level was noted to have increased since the last visit, and on the date of 12/13/2013, the patient's quality of sleep was poor, the patient denied new problems and side effects, and did not report any change in the location of the pain. The activity level had remained the same. The patient indicated that his medications were less effective and that the pharmacy gave him white Norco tablets the previous month, but the yellow tablets worked better. The patient noted moderate improvement in radicular pain with Neurontin. The physician indicated the Neurontin was moderately effective and the patient was tolerating it well so the physician opined he should increase it to 600 mg at bedtime for additional relief, and the patient was to discuss with the pharmacy what brand of yellow Norco tablets were used as those worked better than the white pills. Medications were noted to be refilled. Objectively, the Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are prescribed as a second line option for short-term treatment in acute low back pain for less than 3 weeks. There should be documentation of objective functional improvement. Additionally, it indicates it is often used for the treatment of musculoskeletal conditions, whether a spasm is present or not. The clinical documentation submitted for review failed to indicate the objective functional benefit for the medication. Additionally, there was a lack of documentation indicating a necessity for long term treatment of the medication. Given the above, the request for Soma 350mg, #60 is not medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: California MTUS Guidelines indicate that opioids are appropriate treatment for chronic pain. There should be documentation of objective functional improvement, an objective decrease in the VAS score, evidence that the patient is being monitored for aberrant drug behavior, and documentation of side effects. The clinical documentation submitted for review indicated that the medication produced no side effects. However, the patient indicated his pain had increased since the last visit and his activity level had remained the same and as such, there was a lack of documentation indicating a necessity for ongoing treatment with the same medication. Given the above, the request for Norco 10/325mg, #60 is not medically necessary.

Lunesta 3mg, #30: 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) Pain, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment, Lunesta.

Decision rationale: Official Disability Guidelines indicate that Lunesta is a first line medication for insomnia. The clinical documentation submitted for review indicated the patient's quality of sleep was poor and the patient was on Lunesta. There was a lack of documentation indicating objective functional benefit from the medication. Given the above, the request for Lunesta 3mg, #30 is not medically necessary.