

Case Number:	CM13-0011615		
Date Assigned:	11/01/2013	Date of Injury:	07/16/1993
Decision Date:	01/10/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69-year-old male who reported an injury on 01/16/1993. The patient is currently diagnosed with lumbar disc disease, lumbar radiculitis, and lumbago. The patient was recently evaluated by [REDACTED] on 07/18/2013. The patient complained of intermittent slight lower back pain with increases during activity. Current medications include Norco, Soma, Lidoderm patch, and topical creams. Physical examination revealed normal range of motion and 0 to 1+ tenderness to palpation. The patient demonstrated intact sensation and 5/5 bilateral lower extremities strength. Treatment recommendations included continuation of current medications, home exercise program, activity modification, and TENS therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and

functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has been utilizing this medication since at least 01/31/2013. The patient continues to report intermittent lower back pain with occasional flare-ups and increase in pain with activity. The patient demonstrates normal range of motion, intact sensation, 5/5 bilateral lower extremities strength, and only 0 to 1+ tenderness to palpation. There is no evidence of failure to respond to non-opioid analgesics prior to the initiation of an opioid. There is also no evidence of satisfactory response to treatment indicated by the patient's decrease in pain, increase in function, or improved quality of life. Based on the clinical information received, the request is non-certified.

Prescription Soma 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating, second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Soma is recommended for no longer than a 2 to 3 weeks period. Based on the clinical information received, the patient does not currently meet criteria for the use of a muscle relaxant. There are no demonstrated palpable muscle spasms or muscle tension upon physical examination. Despite the ongoing use of this medication, the patient continues to report intermittent low back pain with occasional flare-ups that increases with activity. Based on the clinical information received, the request is non-certified.