MAXIMUS Federal Services

Case Number:	CM13-0019751		
Date Assigned:	06/06/2014	Date of Injury:	10/31/2011
Decision Date:	07/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 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/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 injured worker is a 52-year-old male who reported an injury on 10/31/2011 which reportedly occurred while picking up a box at work. The injured worker was examined by a physician and received conservative care including chiropractor care. The injured worker was prescribed Soma and Norco for symptoms. On 12/19/2011, the injured worker received a CT of the lumbar spine and was noted to have severe left L5-S1 foraminal stenosis. Medications continued after this and the injured worker was seen on 03/04/2013 for followup visit by physician. During the exam, the pain was reported to be 8/10 to his back as well as 3/4 to 4/4 to the left leg. A straight leg raise for the right leg tested positive at 45 degrees and 30 degrees to the left leg produced a positive result as well. Braggard's test was positive for left leg pain. The FABERE test was positive bilaterally. The prone press up test was negative. A Nachla's test caused pain at the anterior left thigh and also at the right lower back. The Yeoman's test caused right lower back pain. The injured worker is diagnosed with type 2 diabetes, chronic low back pain, left lower extremity radiculopathy unresolved, degenerative disc disease at L3-4 and L4-5 with neural foraminal narrowing affecting the left exiting L4 nerve. The injured worker is prescribed Lantus, NovoLog pen, Januvia, lisinopril, Advil, and Soma. The injured worker has received since date of injury Soma and Norco to alleviate acute and chronic pain. The physician is requesting 3 medications: Norco 10/325 mg, Soma 350 mg, and Clinoril 150 mg. The rationale given by the physician is the medication will be for long-term pain relief while the injured worker receives more physical therapy, continues weight loss, and improves health for possible surgery in the future. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #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 Opioids, Criteria for Use, On-going Management, page 78 Page(s): 78.

Decision rationale: The request for NORCO 10/325 MG #60 is non-certified. California MTUS guidelines for on-going management of opioids state physicians should document that prescriptions from a single practitioner are taken as directed, all prescriptions are issued from a single pharmacy, and that the lowest possible dose should be prescribed to improve pain and function. The physician should review and document on pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4 A's for Ongoing Monitoring are summarized as analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The physician may wish to consider a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months as well as a psych consult if there is evidence of depression and/or anxiety. The physician has failed to document analgesia, activities of daily living, adverse side effects and monitor the injured worker with scheduled urine drug screens to monitor aberrant drug taking behaviors. The physician has not secured a psych evaluation to assist determining the effectiveness of Norco and has not considered reducing dosage levels. As such, the request is non-certified.

SOMA 350MG #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 Carisoprodol, page 29 Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Carisoprodol (Soma).

Decision rationale: The request for SOMA 350 MG #60 is non-certified. The California MTUS Guidelines state Soma is not recommended due to its nature for abuse by a given patient. The ODG for Soma listed only recommend this medication for less than 2 to 3 weeks and then must be discontinued. The request for 60 tablets is of a chronic use pattern and as such is non-certified.

CLINORIL 150MG #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 NSAID's, page 73 Page(s): 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAID's.

Decision rationale: The request for CLINORIL 150 MG #60 is non-certified. Clinoril under the California MTUS Guidelines lists its use for osteoarthritis. This injured worker does not have or is diagnosed with osteoarthritis. The ODG for this medication indicate it is recommended for osteoarthritis as well as a second-line treatment after acetaminophen and for use with acute low back pain and acute exacerbations of chronic pain. The injured worker has chronic low back pain. The physician is asking for 60 tablets indicating chronic use. As such, the request for CLINORIL 150 MG #60 is non-certified.