

Case Number:	CM13-0024769		
Date Assigned:	11/20/2013	Date of Injury:	08/28/2011
Decision Date:	01/21/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational Medicine 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.

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 62-year-old female as the date of injury of August 28, 2011. She has diagnosis of lumbar disc disease with myelopathy. She is having a flare-up of her low back pain with tenderness to the left lumbosacral area. The patient was given a trigger point injection on 5/22/2013. The patient has been taking Vicodin and Soma for pain relief. There is no documentation of the benefits of the Vicodin or the Soma regards to the reduction of the patient's pain are increasing the patient's function. There was a note on May 22 stating that the patient was wanting to increase her pain meds but the injection helped reduce her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #90 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: CA MTUS states that opioids for chronic back pain have limited efficacy. There is no evidence of the opioids actually improve heart function with back pain. Also the guidelines suggest that opioid should be continued or were discontinued due to the increase or decrease in the patient's function and resolution of pain. There is no documentation of the patient's function given. Also the patient's pain seems to continue with the appropriate medications. Therefore, as opioids are meant for short-term pain relief with low back pain, there

is limited information on the patient's function, and the patient continues to have pain with the medications, the request for Norco is not medically necessary.

Soma 350mg, #90 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: CA MTUS chronic pain guidelines state muscle relaxers such as Soma be used as a second option for short-term treatment of acute exacerbations of chronic low back pain. This patient has had treatment for several months for low back pain. There is no benefit beyond NSAIDs in pain overall improvement according to the guidelines. In addition, the records do not indicate what improvement in function or decrease in pain the patient has had with the most relaxers. There is no indication of patients had spasm. Therefore as guidelines suggest this medication is not the first line treatment, and is not shown benefit over other medications, and there's no documentation that this patient has improved function of payment is medication it is not medically necessary.