

Case Number:	CM13-0029166		
Date Assigned:	06/06/2014	Date of Injury:	09/04/2006
Decision Date:	07/31/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/26/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 09/04/2006. The mechanism of injury was not provided in the medical records. The injured worker's current diagnoses include low back pain, muscle spasms, lumbar radiculopathy, and degenerative joint disease. The injured worker's current medications include Phenergan 25 mg, Lexapro 10 mg, OxyContin 20 mg, OxyContin 40 mg, Selma 350 mg, Norco 10/325 mg, Neurontin 300 mg, Seroquel tablet, and Valium 5 mg. Within the most recent clinical note dated 12/16/2013, his symptoms were noted to be back pain radiating from his low back down his bilateral legs. He reported his pain level to be at 8/10 and described there had been no changes in his pain since his last visit. He reported that his medications are working well with no side effects. The current treatment plan included medication refills and a gym membership. The current request is for Norco 10/325 mg #240 and Soma 350 mg #90. A Request for Authorization form was provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG. #240: 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(s): 78.

Decision rationale: The request for Norco 10/325 mg #240 is non-certified. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of pain relief, functional status in regards to activities of daily living, appropriate medication use and/or drug taking behaviors, and adverse side effects. The 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. The documentation submitted for review indicated that the injured worker rated his pain at an 8/10. However, there was no documentation of the pain level with medications. He was also noted to have increased ability to perform activities of daily living with the use of medication and there was no documentation of adverse side effects or aberrant behavior when taking the medications. The request submitted failed to indicate the frequency of the medication. Therefore, despite evidence of increased function, no adverse side effects, and a urine drug screen consistent with his medications; the pain relief level with medication, and frequency was not provided to support the request. As such, the request for Norco 10/325 mg #240 is non-certified.

SOMA 350 MG. #90: 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 Chronic pain, Carisoprodol Page(s): 29, 65.

Decision rationale: The request for Soma 350 mg #90 is non-certified. The California MTUS Guidelines state that Soma (carisoprodol) is not indicated for use longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The documents submitted for review indicated that the injured worker's pain was rated at an 8/10 and did not indicate if it was with or without medications. The documentation provided also failed to indicate the length of time the patient had been taking the medication. The guidelines state that it should only be used for short periods. The request provided also failed to indicate the frequency the medication was to be taken. Therefore, despite evidence of decreased pain, evidence of increased function, the documentation failed to indicate the results from taking the medication. As such, the request for Soma 350 mg #90 is non-certified.