

Case Number:	CM13-0045746		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2011
Decision Date:	05/30/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 Orthopedic surgeon and is licensed to practice in Arizona. 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:

This is a 35-year-old male who sustained an injury to his back on 3/8/11. His provider states the he has exhausted all conservative care including pain medicine, physical therapy, injections, and modification of activities. Due to the severe nature of his back and leg pain, he finally underwent a 3 level laminotomy and discectomy on 2/8/12. Initially, the patient was said to have good results with resolution of the symptoms, however, according to his provider note on 12/16/13, his pain is back to its preoperative level. The patient was able to return to work but now he needs to be reduced to modified work. Examination reveals no pain to palpation over the lumbar spine. There is decreased spinal motion with weakness in the left leg, and a positive straight leg raise on the left. Request is made to continue his medications; Soma and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #120 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The patient has been on Norco 10/325 for at least a year. There is no documentation concerning the 4 A's of ongoing monitoring: Analgesia, activities of daily living, adverse side effects, and aberrant drug behavior. There is no documentation of drug screening to deal with issues of abuse, addiction, or poor pain control. There is no documentation of possible misuse of medication. There is no continuing review of overall situation with regards to non-opioid means of pain control. It appears from the record that the leg pain is the worse of the patient's problems at this point. There are no trials for long-term use of opioids with regards to neuropathic pain. Therefore, the medical necessity for the continuing use of Norco has not been established.

SOMA 350MG, #120 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain Page(s): 63-64.

Decision rationale: Again, the patient has been on Soma for at least a year and according to the chronic pain guidelines, Soma is not recommended for use longer than 2-3 weeks. In addition, there is no documentation that the patient is having muscle spasm. The main effect of Soma may be generalized sedation and withdrawal symptoms may occur with abrupt discontinuation. The UA report recommended weaning from this medication and certified a small amount of Soma for the purposes of weaning. Therefore, for the above reasons, the medical necessity of further use of this prescription has not been established.