

Case Number:	CM13-0048086		
Date Assigned:	04/25/2014	Date of Injury:	07/17/1995
Decision Date:	06/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 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 64 year old female injured worker with date of injury 7/17/95 with related bilateral low back pain that radiates to the left anteromedial thigh and left anterior knee with left lower extremity numbness and paresthesias. Per 12/18/13 progress report, the pain is aggravated by prolonged sitting, standing, lifting, twisting, driving for long periods, and bearing down, and is alleviated by lying supine, pain medications, using a lumbar support, heat, and back rubs. She was positive for lumbar spasms. There was tenderness upon palpation of the lumbar paraspinal muscles overlying the L3 to L5 facet joints. Lumbar ranges of motion were restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive. Sacroiliac provocative maneuvers were negative bilaterally, except Gaenslen's and Patrick's maneuver were positive on the left. Nerve root tension signs were negative bilaterally, except straight leg raise and sitting root were positive on the left. Sensation is intact to light touch, pinprick, proprioception, and vibration in the bilateral lower extremities except for decreased sensation to light touch in the left anterior thigh. The documentation did not contain imaging studies. The documentation did not state that physical therapy was utilized. She has been treated with medication management. The date of Utilization Review (UR) decision was 10/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG (#60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC) - Pain procedure Summary.

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

Decision rationale: Per MTUS Chronic Pain Medical Guidelines, p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." As this medication is not recommended by MTUS, it is not medically necessary.

NORCO 10/325 MG (#60) WITH TWO (2) REFILLS): Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal insufficient documentation to support the medical necessity of Norco nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Toxicology reports dated 4/2013 and 10/2013 are included in the documentation and are consistent with prescribed medications. However, there is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.

