

Case Number:	CM13-0072272		
Date Assigned:	01/17/2014	Date of Injury:	03/01/2012
Decision Date:	06/03/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old female with a 3/1/12 date of injury. At the time (11/5/13) of request for authorization for Norco 10/325mg three times daily, there is documentation of subjective (low back pain with constant numbness and tingling in the posterior lateral right leg with weakness; and continued right-sided neck pain radiating into the right upper extremity with numbness and tingling into the hands) and objective (tenderness and tightness in the right posterolateral aspect of the cervical area with decreased range of motion; and tenderness and tightness across the lumbosacral area with decreased range of motion and positive right straight leg raise) findings, current diagnoses (cervical degenerative disc disease with radiculopathy and lumbar degenerative disc disease with radiculopathy), and treatment to date (Norco and Soma since at least 9/9/13 with reduced pain levels).

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG THREE TIMES DAILY: 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 Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease with radiculopathy and lumbar degenerative disc disease with radiculopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of ongoing treatment with Norco since at least 9/9/13 with reduced pain levels, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of the use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg three times daily is not medically necessary.

SOMA, EVERY NIGHT AT BEDTIME: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS AMERICAN COLLEGE OF OCCUPATION AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, (2004), CARISOPRODOL (SOMA), PAGE 29.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Soma is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease with radiculopathy and lumbar degenerative disc disease with radiculopathy. In addition, there is documentation of chronic low back pain. However, there is no documentation of an acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Soma since at least 9/9/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation of reduced pain levels with Soma, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Soma. Therefore, based on guidelines and a review of the evidence, the request for Soma, every night at bedtime is not medically necessary.

