

Case Number:	CM14-0001883		
Date Assigned:	01/17/2014	Date of Injury:	05/28/1992
Decision Date:	04/17/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/18/2013

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 Preventive 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:

According to the records made available for review, this is a 56-year-old male with a 7/1/92 date of injury. At the time (11/16/13) of request for authorization for Soma 350mg #90 and Norco 10/325mg #180, there is documentation of subjective (chronic pain in the low back radiating to the left lower extremity with associated numbness and tingling) and objective (tenderness in the lumbar spine and positive straight leg raise) findings, current diagnoses (left lumbar spine radiculopathy, bilateral lumbar facet syndrome, lumbar spondylosis without myelopathy, and degenerative lumbosacral spine/disc/facet disease), and treatment to date (Soma and Norco since at least 2/13/13). Regarding the requested Soma, there is no documentation of acute muscle spasms; the intention to treat over a short course (less than two weeks); 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. Regarding the requested Norco, 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, there is no documentation of short-term treatment with opioids; 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG, #90: 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 Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain, Muscle relaxants (for pain); and Title 8, California Code of Regulations, section 9792.20.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicate that Carisoprodol (Soma) is not recommended. This medication is not indicated for long term use. In addition, 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. The ODG guidelines identify 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 left lumbar spine radiculopathy, bilateral lumbar facet syndrome, lumbar spondylosis without myelopathy, and degenerative lumbosacral spine/disc/facet disease. However, there is no documentation of acute muscle spasms. In addition, given documentation of ongoing treatment with Soma since at least 2/13/13, there is no documentation of the intention to treat over a short course (less than two weeks); 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. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg #90 is not medically necessary.

NORCO 10/325 MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, and On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80.

Decision rationale: The 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 Norco. In addition, the MTUS Chronic Final Determination Letter for IMR Case Number [REDACTED] Pain Medical Treatment Guidelines identify that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited, as criteria necessary to support the medical necessity of Norco. Furthermore, the MTUS-Definitions identify 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 left lumbar spine radiculopathy, bilateral lumbar facet syndrome, lumbar spondylosis without myelopathy, and degenerative lumbosacral spine/disc/facet disease. 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, given documentation of ongoing treatment with Norco, there is no documentation of short-term treatment with opioids; 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. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #180 is not medically necessary.