

Case Number:	CM14-0006177		
Date Assigned:	03/03/2014	Date of Injury:	11/01/2000
Decision Date:	08/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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 Occupational 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 is a 62-year-old female with a 11/1/00 date of injury after injuring her low back pulling a binder out from an upper level bookshelf. The patient has had an epidural in 2001, as well as physical therapy and lumbar facet injection performed on 6/4/13 with good pain relief noted. She was started on Soma, Fentanyl, and Norco in early 2013 and seen for ongoing pain management with scant physical exam findings, at times no physical exam findings were documented for several months in a row. The patient was seen on 12/2/13 with complaints of chronic low back pain with radiation to left leg. The patient has been using Soma, Fentanyl, and Norco for pain relief. These medications are noted to be helping her to do yard work and assist her family. No exam findings with regard to the patient's subjective complaints were noted on this date. The patient was seen on 12/24/13 with the same complaints. No The patient with or without medications were noted on either date of exam (the last visual analog scale (VAS) was noted to be a 9/10 with her medications on an office note dated 9/9/13, and the patient had no radicular complaints at that time). Exam findings on 12/24/13 revealed tenderness to palpation over a 4 to 5, and L5 - S1 facet joints bilaterally. The patient's gait was noted to be normal. There were mild limitations in lumbar range of motion. Otherwise motor strength and sensation were noted to be intact. Straight leg raise was negative bilaterally. = MRI (magnetic resonance imaging) of the lumbar spine (no date but noted to be more recent than a 2004 MRI) was noted to reveal a 2 to 3-mm disk protrusion at L4 - 5 with mild thecal sac effacement and mild spinal canal stenosis with potential for right nerve impingement. A utilization review decision dated 12/16/13 denied the request for Soma given it is not recommended for longer than 2-3 week period. The request for Norco was denied given there was no documentation of improvement or maintenance of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective date of service 12/2/13) Carisoprodol - Soma 350mg, Qty: 90:00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL-SOMA Page(s): 62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

Decision rationale: The CA MTUS states that Soma is not recommended. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. The MTUS does not support the use of this medication in any capacity for any duration of time. Therefore, the request for Carisoprodol - Soma 350mg, Qty: 90:00, is not medically necessary.

(Retrospective date of service 12/2/13) Hydrocodone/APAP 10/325mg, Qty: 30:00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient's MED is 300 with the Fentanyl patch of 100 mcg daily and hydrocodone 10/325 2 tablets TID. This puts the patient at high risk for an adverse drug reaction. In addition, there were no exam findings besides gait noted until the progress note dated 12/24/13, which noted some facet joint tenderness, but no objective findings of radiculopathy were noted. There has been no ongoing documentation that this medication has provided the patient with any significant pain relief or functional gains. Therefore, the request as submitted was not medically necessary.