MAXIMUS Federal Services

Case Number:	CM14-0008848		
Date Assigned:	02/14/2014	Date of Injury:	08/04/1988
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59-year-old female with date of injury 08/04/1988. Per treating physician's report 12/06/2013, the patient has chronic low back pain and is in significant pain has Lyrica was not covered by insurance carrier. She is having difficulty sleeping. The patient has been feeling increasingly depressed since stopping the Lyrica, continues to take Soma p.r.n. for muscle spasms, Flexeril did not work. Current medications include Norco and Soma and other medications. The listed diagnoses are bilateral carpal tunnel syndrome right greater than left, lumbar radiculopathy, myofascial pain, SI joint disorder, and chronic low back pain. Plan was for the patient to continue medications. The patient was to continue Norco and Soma. Urine drug screen was done and sent off for confirmation. Report on 01/03/2014 indicates that the patient has continued pain. Prior SI joint injection from 2011 provided over 70% reduction of pain lasting 6 months. He denies any side effects from Norco, Lyrica, and Soma; describes pain as constant aching deep left-sided lumbar spine without radiation at the lower extremities. The patient denies symptoms of numbness or weakness in the extremities. Request was for authorization of repeat SI joint injection. Progress report from 05/10/2013, the patient has been taking Norco, Soma, and Lyrica for pain with fair relief. Pain level was at 7/10. Pain medication has allowed her to remain functional. Without the pain medications, she would not be able to care for her husband in his recovery, do her grocery shopping, maintain her household, continues to walk regularly for exercises. Urine drug screens were obtained from 04/12/2013 and 09/03/2013. The 04/12/2013 report shows that this is inconsistent and no Norco or Soma found on urine. The 09/03/2013 report does not contain Soma. Both of these have alprazolam metabolite.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG TWICE A DAY FOR 30 DAYS: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain with a diagnosis of carpal tunnel syndrome, myocardial pain, and chronic low back pain. The request was for Soma to use for the patient's spasms. MTUS Guidelines do not support long term use of muscle relaxants particularly Soma. In this case, the patient has been prescribed Soma for quite some time dating back to 05/10/2013. Given the lack of support for long term use of Soma in managing chronic pain, the request is not medically necessary.

LYRICA 75 MG ONE TWICE A DAY FOR THIRTY DAYS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica®).

Decision rationale: Treating physician documents that Lyrica has been quite helpful with overall pain management and also allowing the patient to sleep. When this medication was denied, the patient experienced significant increase in pain and also difficulty with sleep. MTUS Guidelines support Lyrica for neuropathic pain as well as chronic pain condition such as fibromyalgia. The treating adequately documents efficacy of this patient. The patient has neuropathic pain including carpal tunnel syndrome and some radiating into the lower extremities. The request is medically necessary.

NORCO 10/325 MG 4 TIMES A DAY, 30 DAYS PER RFA. QUANITY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines on Long.

Decision rationale: The treating physician provides documentation that the patient's pain level is a 7/10 but does not described before and after pain. For function, the treating physician documents that it allows her to adequately stay functional, taking care of her husband, shopping,

and walking for exercises. The urine drug screens were obtained on April and September 2013. The April urine drug screen was negative for Norco but subsequent urine drug screen from September was consistent. The treating physician fails to discuss the negative findings from April 2013. The urine drug screen also contains alprazolam metabolite which the patient is not taking. Urine drug screen results again are not discussed on treating physicians report. For chronic opiate use, MTUS Guidelines requires specific documentation including the 4As; analgesia, activities of daily, adverse effects, adverse drug seeking behavior. Page 78 of MTUS Guidelines also require pain assessment that includes least pain, average pain, current pain, time it takes for medication to work, and duration of relief. In this case, some of the documentations were provided. The main concern is the lack of discussion regarding abnormal urine drug screen on 04/12/2013. Urine drug screen from 09/03/2013 also did not contain Soma which the patient is prescribed. The patient appears to be providing urine toxicology results that are not consistent with medications prescribed. The treating physician does not address these issues. Furthermore, pain scales do not described before and after pain levels, although it can be assumed that the patient's pain is reduced with the use of Norco. Treating physician appears to provide adequate documentation regarding function however, given the lack of adequate monitoring particularly the lack of discussion regarding the urine drug screen through such reports as CURES, recommendation is against the medical necessity of the ongoing use of Norco.