

Case Number:	CM14-0104914		
Date Assigned:	07/30/2014	Date of Injury:	09/06/2001
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 49 year old male was reportedly injured on 9/6/2001. The mechanism of injury is undisclosed. The claimant underwent spinal cord stimulator implantation on 3/11/2004. The previous utilization review references a progress note dated 5/1/2014; however, the progress noted is not provided for review. The progress note documented ongoing complaints of low back pain and bilateral lower extremity pain with associated weakness with right plantar eversion and toe walking. The note also stated Baclofen was substituted for Soma which was discontinued on this visit. On examination the injured worker had decreased range motion with flexion and extension with paraspinal muscle tenderness. Urine toxicology screens were appropriate. No recent imaging studies available for review. Previous treatment includes spinal cord stimulator implantation, injections and medications to include Baclofen, Soma, Celebrex and Norco. A request was made for Norco 10/325 milligrams quantity 360 and Soma 50 milligrams quantity 180, which were partially certified for Norco quantity 180 and Soma quantity 90 in the utilization review on 6/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10-325mg, 1 tablet 4 x a day #360: 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 Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Carisoprodol 350mg, 1 tablet 2 x a day as needed #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 78.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines specifically recommend against the use of Soma and indicate that it is not recommended for long term use. Furthermore, Soma was changed to Baclofen in May 2014, and a physician statement letter dated 8/21/2014 states the request for Soma was a computer error. Therefore, Soma is not medically necessary.