

Case Number:	CM14-0106849		
Date Assigned:	07/30/2014	Date of Injury:	07/13/2003
Decision Date:	10/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/10/2014

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, has a subspecialty in Pain 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:

The records presented for review indicate that this 63 year-old male was reportedly injured on 7/13/2003. The most recent progress note, dated 6/17/2014, indicates that there were ongoing complaints of low back pain with radiation down the back of both legs, and numbness/tingling in hands. Physical examination demonstrated limited lumbar range of motion with flexion 30, and extension 10; rigidity of the lumbar trunk with loss of lordotic curvature suggesting muscle spasms; SLRs causes right-sided non-radiating back pain; decrease light touch and pinprick to right lateral calf and bottom of the foot; ambulates with a slight limp on the right; deep tendon reflexes are +1 at the knees/ankles; toes down going to plantar reflex bilaterally; limited cervical range of motion with rotation 60, flexion/extension 10; positive Phalen's and Tinel's signs bilaterally; Finkelstein maneuvers are painful at the base of thumbs on both wrist. No recent diagnostic imaging studies available for review. EMG of the right lower extremity reportedly revealed a chronic, L5 radiculopathy (study not available for review). Previous treatment includes back exercises and medications to include Norco, Naprosyn, Colace, and Lidoderm patch. A request had been made for Norco 10/325 mg #120, Naprosyn 500 mg #60, Lidoderm 5% #60, Soma 250 mg #60 and Colace 250 mg #60, which were not certified in the utilization review on 7/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment 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 back pain after a work-related injury in 2003. Review of the available medical records fails to documents any objective improvement in their chronic pain or function with the current regimen. As such, this request is not medically necessary.

Naprosyn 500mg #60: 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): 66,73.

Decision rationale: Naprosyn (Naproxen) is a nonselective, non-steroidal anti-inflammatory medication which is recommended as an option for the relief of signs and symptoms of osteoarthritis and/or the treatment of chronic low back pain. A review of the available medical records documents chronic low back pain after a work-related injury in 2003 and diagnosis of lumbar DJD and facet and cervical spondylosis. The clinician documents a recommendation for laboratory testing to check liver and kidney function tests as recommended by the guidelines. However, there is no objectification of any increased functionality, decrease in pain complaints or other data to suggest any efficacy or utility with this medication long-term. According, this is not medically necessary.

Lidoderm 5% #60: 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): 56-57,112.

Decision rationale: The MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain after there has been evidence of a trial of first-line therapy to include tricyclics, SNRI antidepressants, or anti-epilepsy medications. The claimant suffers from chronic low back pain with radiation to the lower extremities after a work-related injury in 2003;

however, there is no documentation that the claimant failed a first-line therapy as required by the guidelines. As such, this request is not medically necessary.

Soma 250mg #60: 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): 29.

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate, which is highly addictive. MTUS specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the clinician fails to provide rationale for deviation from the chronic pain medical treatment guidelines. As such, this medication is not medically necessary.

Colace 250mg #60: 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): 77.

Decision rationale: The MTUS guidelines support the use of a stool softeners (i.e. Colace) for prophylactic treatment of constipation when starting opiate therapy. As the Norco is not considered medically necessary as above; the stool softener is not required. Furthermore, Colace is available as a generic over the counter product without a prescription. This request is not medically necessary.