

Case Number:	CM14-0011494		
Date Assigned:	02/21/2014	Date of Injury:	08/07/2000
Decision Date:	08/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 patient is a 48-year-old male who has submitted a claim for L2 -3 and L3-4 lumbar degenerative disc disease with associated facet arthropathy and foraminal stenosis and bilateral lower extremity radiculopathy that is associated with an industrial injury date of 08/07/2000. The medical records from 03/12/2009 to 01/31/2014 were reviewed and showed that patient complained of low back pain graded 8-9/10 radiating to both legs. Physical examination revealed increased muscle rigidity along the lumbar paraspinal muscles. There was decreased lumbar flexion and extension range of motion due to pain. Straight leg raise test in the modified sitting position was positive at 40 degrees bilaterally. Decreased sensation to light touch over the L5 or S1 dermatomal distribution was noted. MRI (magnetic resonance imaging) of the lumbar spine dated 11/27/2013 revealed L5-S1 disc protrusion with moderate foraminal narrowing, facet joint and ligamentum hypertrophy, L3-4 and L4-5 bilateral foraminal narrowing. MRI of the lumbar spine dated 04/19/2005 revealed L4-5 disc bulge with facet arthropathy, mild to moderate foraminal narrowing, and spinal narrowing, L3-4 spinal canal narrowing, L2-3 disc bulge and L5-S1 disc bulge and bilateral facet arthropathy. The treatment to date has included trigger point injection, physical therapy, and pain medications. A utilization review, dated 01/03/2014, modified the request for Norco 180mg #180 to prescription of Norco 10/325mg #90 for weaning under the direction of the treating physician. A utilization review, dated 01/03/2014, modified the request for prescription of Soma 350mg #120 to Soma 350mg #60 for weaning purposes under the direction of the treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. These outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been prescribed Norco 10/325mg eight tablets a day since 03/21/2012. However, there has been no documentation of analgesia, functional improvement or recent urine toxicology review. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

Soma 350mg #120: 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, 65.

Decision rationale: According to the CA MTUS Chronic Pain Treatment Guidelines, carisoprodol (Soma) is not indicated for long-term use. The medication is not recommended for longer than a two to three week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In this case, the patient has been prescribed Soma 350mg six to eight pill daily since 03/21/2012. The chronic use of Soma is not in conjunction with the MTUS guidelines recommendation. Therefore, the request for prescription of Soma 350mg #120 is not medically necessary.