

Case Number:	CM14-0014535		
Date Assigned:	02/28/2014	Date of Injury:	06/02/2004
Decision Date:	07/24/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 66-year-old male with a 06/02/2004 date of injury. A specific mechanism of injury was not described. The 1/24/14 determination was modified. The requested Norco was modified for Norco 10/325mg #30 with 0 refills, and the requested Soma was non-certified. Reasons for modification of Norco included that continuation was not medically necessary, a prior determination already modified Norco from #60 to #45 for weaning, and further weaning was proposed, therefore, a certification was made for #30 pills for continued tapering. Records indicate that the patient has been on Norco since 2012. The 1/9/14 medical report identifies difficulty sitting and rising from sitting. It states that there is medication compliance and medication helps with pain, with no adverse effects. The 7/31/13 urine test revealed a positive rapid exam result for opiates and a false positive result on lab testing. Exam revealed tenderness over the lumbar midline, positive sitting nerve root on the left and bilateral Lasegue's. There was decreased range of motion. Guidelines for medication intake were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, Opioid Therapy for Chronic Pain.

Decision rationale: The patient has chronic pain and has been management with opioid medications. However, the records do not clearly reflect continued analgesia, continued functional benefit, or aberrant behavior, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the prior determination noted that previously Norco requests had been modified to allow tapering, and additional tapering was recommended. Therefore, the previous determination appropriately recommended a modified certification for only 30 pills to allow safe weaning of the medication. There was no additional documentation provided to substantiate the need for continued Norco, specifically there was no clear evidence of ongoing efficacy including measurable subjective and/or functional benefit with prior use. Considering all of this, Norco, as requested #60 with 3 refills, is not medically necessary.

SOMA 350MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Weaning of Medications Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: CA MTUS states that SOMA is not recommended. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. There was no rationale for the use of Soma, or a muscle relaxant. There was no clear indication how long the patient had been on the medication and the specific benefit from such. This request is not medically necessary.