

Case Number:	CM14-0017263		
Date Assigned:	04/14/2014	Date of Injury:	07/07/1995
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/11/2014

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 Family Practice, and is licensed to practice in Texas. 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 injured worker is a 54-year-old male who reported an injury on 07/07/1995. The mechanism of injury was not provided. Diagnoses include post lumbar laminectomy syndrome, spinal lumbar degenerative disc disease, and low back pain. The injured worker had previously undergone low back surgeries. The documentation of 02/12/2014 was written in appeal for the medications that were denied. The injured worker had complaints of low backache with radiation down the lower extremities. The injured worker had levels of activity that was decreased, and was unable to sleep due to increased back spasms. The injured worker was unable to tolerate a decrease of Soma to 2 tablets per day and rated his low back pain 6/10. On examination, it was indicated the injured worker was in mild distress and in pain. The injured worker's range of motion was restricted in all planes and there were bilateral paravertebral muscle spasms, tenderness, and tight muscle bands. The sitting straight leg raise test was positive bilaterally at 40 degrees. The ankle jerk and patellar jerk were 1/4 bilaterally. There was tenderness over the sacroiliac spine. The physician further documented since the medication Soma was denied and Norco was decreased, the injured worker returned to the physician office complaining pain levels had increased and muscle spasms had increased. As such, the physician opined a full prescription of Soma and Norco should be given to the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG, 1 TABLET 2 TIMES DAILY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CARISOPRODOL (SOMA), CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS Chronic Pain Guidelines recommend muscle relaxants as a second line treatment for acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The duration of use could not be established through the supplied documentation. The clinical documentation submitted for review failed to provide objective functional benefit that was received with use of the medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request is not medically necessary.

NORCO (BRP) 10.325MG, 1 EVERY 4-6 HOURS AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: HYDROCODONE/ACETAMINOPHEN, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management, Opioid Dosing Page(s): 60, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and an objective decrease in pain as well as documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had decreased pain and increased function with the use of the medication. However, there was a lack of documentation indicating objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The duration of use could not be established through supplied documentation. Given the above, the request is not medically necessary.