

Case Number:	CM14-0110170		
Date Assigned:	08/01/2014	Date of Injury:	08/02/2005
Decision Date:	10/15/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 & Rehabilitation 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 67-year-old male with an 8/2/05 date of injury, when he injured his lower back and right leg while moving a 400 pounds cart of paper. The progress note dated 4/9/14 indicated that the patient was taking Soma, Norco and Ibuprofen. The patient was seen on 6/4/14 with complaints of 5/10 shooting; sharp and numbing lower back pain presented 90%-100% of the time. Exam findings revealed the range of motion in the lumbar spine 25% of normal, negative straight leg raising test and 2+ and equal reflexes in the lower extremities. The patient's muscle strength was normal and tenderness at the paraspinal muscles was noted. The patient had numbness in the right lateral foot. The diagnosis is myofascial pain syndrome, lumbar radiculopathy. Treatment to date: physical therapy, lumbar nerve root blocks and medications. An adverse determination was received on 7/2/14. The request for Norco 10/325mg #60 with 2 refills was modified to #30 with 2 refills given that there was a lack of documentation indicating any improvement in the patient's functioning and pain and weaning of Norco was recommended. The request for Soma 350mg #30 with 2 refills was denied given that Soma was not recommended for long term use.

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 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2005 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the UR decision dated 7/2/14 modified the request for Norco 10/325mg #60 with 2 refills to #30 with 2 refills and weaning of Norco was recommended. Therefore, the request for Norco 10/325mg #60 with 2 refills was not medically necessary.

Soma 350mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA
Page(s): 29, 65. Decision based on Non-MTUS Citation FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. There is a lack of documentation indicating that the patient suffered from muscle spasticity. The progress note dated 4/9/14 indicated that the patient was taking Soma, however there is a lack of documentation indicating subjective or objective gains with the treatment of Soma. In addition, Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines and the patient had been using an opiate. In addition, the guidelines do not recommend long-term use of Soma and the patient was using Soma at least from 4/9/14. Therefore, the request for Soma 350mg #30 with 2 refills was not medically necessary.