

Case Number:	CM14-0121066		
Date Assigned:	08/06/2014	Date of Injury:	07/05/2001
Decision Date:	09/23/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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 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 injured worker is a 57-year-old male who reported an injury on 07/05/2001. The mechanism of injury was not provided. On 02/11/2014, the injured worker presented with complaints of low back pain. Current medications included Norco, Soma, and ibuprofen. Upon examination, the injured worker ambulated with an antalgic gait. Examination of the lumbar spine revealed tenderness to palpation over the lower lumbar spine. There was increased paravertebral muscle spasms and evidence of facet pain with palpation. There was a positive right sided straight leg raise. There was decreased strength in the lower extremities throughout all planes and 4/5 in the plantar flexion and dorsiflexion. There was increased amount of muscle spasticity throughout the lower lumbar spine. The diagnoses were right sprain/strain with internal derangement, lumbar spine sprain/strain, lumbar spine status post right sided laminectomy, and partial facetectomy and lateral recess decompression and microdiscectomy, lumbar spine bilateral facet joint syndrome, and right knee status post arthroscopy with degenerative arthritis. The provider recommended Soma and Norco; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The MTUS Chronic Pain Guidelines does not recommend Soma. The medication is not indicated for long term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. There is lack of exceptional factors provided in the documentation submitted to approving outside the guidelines recommendations. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Norco 10/325mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids for Chronic pain, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Short-acting opioids.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk of aberrant drug abusive behavior and side effects. The efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.