

Case Number:	CM14-0134655		
Date Assigned:	08/29/2014	Date of Injury:	01/31/2000
Decision Date:	11/05/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported an injury on 01/31/2000. The mechanism of injury was not specified. His diagnoses were noted as low back pain, SI joint dysfunction, chronic pain syndrome, narcotic dependence, lumbar spondylosis, and lumbar radiculopathy. His treatments included medications, physical therapy, a TENS (transcutaneous electrical nerve stimulation) unit, and a home exercise program. His diagnostic and surgical history was not provided. On 04/23/2014, the injured worker reported that the pain was controlled with his current medication regimen. He reported his average pain was 8/10 and improved to 6/10 with medications. He described his pain as constant in the lower lumbar back with occasional radiation to the bilateral lower extremities. His pain reportedly did not improve with sacroiliac injections. The physical examination revealed positive facet loading at the bilateral L4-5, and L5-S1. He also had tenderness to palpation of the lumbar spine in L4, L5, and S1. His medications were noted as Norco 10/325 mg 3 times daily as needed and Soma 350 mg 4 times daily. The rationale for the medications was that it reportedly improved his lumbar pain. The Request for Authorization form was submitted on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen (Norco) 10-325mg Qty: 180 Refill: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use; Opioids For Chronic Pain Page(s): 78,80.

Decision rationale: Based on the clinical information submitted for review, the request for Hydrocodone/Acetaminophen (Norco) 10/325 mg, quantity 180, with 5 refills is not medically necessary. According to the California MTUS Guidelines, long term effectiveness of opioids for chronic back pain is unclear, but they seem to be effective but limited for short term pain relief. Ongoing use of opioids should continuous documentation of pain relief, functional improvement, appropriate medication use, and side effects. Also, a detailed pain assessment should be done at every office visit which includes current pain at the time of visit; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The injured worker reported sharp/dull pain in the lower lumbar back that was made worse with standing and walking. He reported that his medication regimen at the time improves his pain to 6/10 with medication and on average his pain level is 8/10. Although the injured worker reported that he previously tried combinations of medications, different types of muscle relaxants, physical therapy, patches, TENS unit, which all gave him minimal relief, there is insufficient objective clinical data indicating that the physician had performed a detailed pain assessment at every visit. Also, there was a lack of documentation that noted when his last urine drug screen was collected, with specified results, as the guidelines indicate that there should be appropriate medication use documentation. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for Hydrocodone/Acetaminophen (Norco) 10/325 mg, quantity 180, with 5 refills is not medically necessary.

Carisoprodol (Soma) 350mg Qty: 120 Refill: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain Page(s): 63,65.

Decision rationale: Based on the clinical information submitted for review, the request for Carisoprodol (Soma) 350 mg, quantity 120, with 5 refills is not medically necessary. According to the California MTUS Guidelines, Carisoprodol is not recommended for longer than a 2 to 3 week period. The injured worker reported average pain in the lower back that was 8/10 and reportedly improved to 6/10 with his medications. He reported that he tried various combinations of medications, different types of muscle relaxants, physical therapy, patches, and TENS unit all with minimal relief. The guidelines indicate that this medication is not recommended and is not indicated for long term use, which it is unclear as to how long he has been taking this medication. There was a lack of clinical documentation that showed that this medication improved his functional status. It is noted in the guidelines that muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement, which although the injured

worker reported that he has tried various combinations of medications, it is unknown if he has previously trialed and failed NSAIDs. Furthermore, the request failed to provide the frequency of the medication as prescribed. As such, the request for Carisoprodol (Soma) 350 mg, quantity 120, with 5 refills is not medically necessary.