

Case Number:	CM14-0172306		
Date Assigned:	10/23/2014	Date of Injury:	06/08/2000
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 female who reported an injury on 06/08/2000. The mechanism of injury was a fall. Her diagnoses include lumbar myofascial pain, intervertebral disc disease, and right lumbar radiculitis. Past treatments included injections, physical therapy, pain management, modified work duty. Diagnostic studies included MRI of the lumbar spine in 08/2009. Medications included Norco 10/325 mg 1 tablet 4 times a day and Soma 350 mg 1 tablet 4 times a day. On 10/08/2014, the injured worker was seen for medication refill follow-up. The injured worker stated there has been no change in her condition since last visit. Upon examination of the low back, there was tenderness in the lumbosacral musculature with myospasms being noted at the right lumbosacral junction. She had right hip pain and leg pain down to her feet. The treatment plan is to refill medications. Flexeril was too expensive for the injured worker; therefore, it was discontinued. The patient was to remain off work and a follow-up to the clinician in 1 month. The rationale was not provided. The request for authorization was dated 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The request for Norco 10/325mg #120 is not medically necessary. The patient has a history of back pain. The California MTUS guidelines state that Norco/hydrocodone/acetaminophen are a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is lack of documentation of an analgesic effect, pain contract, CURES report, or urine drug screen and to confirm compliance and lack of aberrant behavior. The injured worker continues to have a high level of pain. The patient continues to be off work. There has been no overall improvement in function. There is lack of documentation as to the frequency to stated medications. As such, the request is not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Soma 350mg #120 is not medically necessary. The injured worker has a history of low back pain. CA MTUS recommends that non-sedating muscle relaxants be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. There is no long term efficacy for sedating muscle relaxants or the use of home exercise and NSAIDs. There is lack of documentation as to the benefits Soma has provided. There is lack of documentation as to the frequency to stated medications. As such, the request is not medically necessary.