

Case Number:	CM14-0021494		
Date Assigned:	05/05/2014	Date of Injury:	09/16/2004
Decision Date:	08/04/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational Medicine 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 patient is a 55-year-old female who has submitted a claim for lumbar strain with left sacroiliac joint strain and possible left lumbar radiculopathy associated with an industrial injury date of 09/16/2004. Medical records from 05/22/2013 to 05/07/2014 were reviewed and showed that patient complained of chronic low back pain graded 3-8/10 which radiated down the left hip and buttock . Physical examination revealed a normal gait, mild to moderate tenderness over the paralumbar muscle tenderness, left greater than right was noted, lumbar spine ROM(Range of Motion) was decreased, SLR(Straight Leg Raise) test in the seated position was positive on the left leg at 80 degrees with low back, and sacroiliac region pain. Treatment to date has included physical therapy, TENS(Transcutaneous Electrical Nerve Stimulator), home exercise program, chiropractic treatment and pain medications. Utilization review, dated 02/07/2014, denied the request for prescription of Norco 10/325mg because there were no objective signs of improvement despite use of Norco for the past 15 months. Utilization review, dated 02/07/2014, denied the request for prescription of Soma 350mg #60 because the guidelines only recommend short-term use for relief of back pain. Utilization review, dated 02/07/2014, denied the request for prescription of Ibuprofen 800mg #60 because there has been no significant pain relief with ongoing use of Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

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

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, four domains 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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Vicodin since 2013. There was documentation of pain relief and functional improvement with Vicodin use. However, recent progress report from 01/13/2014 shifted Vicodin into Norco. There was no documented rationale for the sudden change of brand name, although Vicodin provided beneficial effects. The medical necessity was not established due to insufficient information. Moreover, there was no documentation of recent urine toxicology review which may document compliance. Therefore, the request for prescription of Norco 10/325mg #90 is not medically necessary.

SOMA 350 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol(Soma) Page(s): 29, 65.

Decision rationale: As stated on pages 29 & 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. It is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the patient has been prescribed Soma 350 mg twice per day #60 for muscle spasm since 05/22/2013. The long-term use of Soma is not in conjunction with guidelines recommendation. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for Soma 350 mg #60 is not medically necessary.

IBUPROFEN 800 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 72.

Decision rationale: As stated on page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, ibuprofen can be taken for mild to moderate pain as 400 mg by mouth every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this case, the patient has been prescribed Ibuprofen 800mg twice per day since 05/22/2013. There was no documentation of pain relief or functional improvement with long-term Ibuprofen use. Long-term use is likewise not recommended. Therefore, the request for Ibuprofen 800mg #60 is not medically necessary.