

Case Number:	CM14-0022356		
Date Assigned:	02/26/2014	Date of Injury:	02/08/2013
Decision Date:	06/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 Interventional Spine 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 patient is a 36-year-old male with date of injury of 02/08/2013. Per treating physician report on 02/04/2014, patient presents with low back pain radiating to his testicle on the right, which he injured while lifting a box that is weighing about 50 pounds. Patient has been treated with physical therapy for about 22 sessions, prescribed Norco. "This treatment has not helped with the symptoms." The patient was off of work for 3 months, did not have any diagnostic studies other than x-rays, allowed return to work but cannot tolerate the job. Examination showed decreased range of motion with spasm and tenderness to palpation. Listed diagnoses are lumbar radiculopathy and lumbar discogenic pain, and lumbar sprain/strain. Recommendation was for Norco #60, Soma #60, and check urine toxicology. This report has "pharmacological management statement," which is a generic template discussion. There are no discussions regarding function or pain reduction with the use of these medications. A 01/10/2014 report by the treating physician is a handwritten report, which is illegible but seems to be saying radiating pain down to the buttock with diagnosis of lumbosacral sprain/strain with radiculitis. The request is for physical therapy and consult pain management spine surgeon. The 09/13/2013 report is typed, with current medications of Norco, and the recommendation is for MRI of the lumbar spine, additional physical therapy for low back exercises. MRI of the lumbar spine from 12/20/2013 reads: focal left paracentral disk protrusion with annular tear at L4-L5, and diffuse disk protrusion at L5-S1. Grade-I rethrolisthesis of L4 over L5 noted. The request for medications were denied by utilization review letter 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78.

Decision rationale: This patient presents with persistent low back pain with MRIs demonstrating annular tears with disk protrusions at L4-L5 and L5-S1. The 02/04/2014 report by treating physician has asked for continued use of Norco, but on that report, he states that the treatments are not working, and he references use of Norco. MTUS guidelines have very specific requirements for documentation when opiates are used for chronic pain. Page 60 states that pain and function must be documented when medication is used for chronic pain. Page 78 of MTUS guidelines require documentation, the 4 A's including analgesia, ADLs, adverse effects, aberrant drug-seeking behavior. "Pain assessment" measures must be documented including current pain, average pain, least amount of pain, time it takes for medication to work, and duration of pain relief. In this patient, none of these documentations are provided. In fact, the treating physician states that medications have not been very effective. The request for Norco #60 is not medically necessary.

SOMA #60: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain and the request is for Soma #60. MTUS guidelines do not support use of Soma for chronic pain condition. It states, "This medication is not indicated for long-term use." The treating physician in this case does not indicate that this medication is to be used for short term. Medication is prescribed at #60 to be taken twice a day. The request for Soma #60 is not medically necessary.