MAXIMUS Federal Services

Case Number:	CM14-0027688		
Date Assigned:	06/16/2014	Date of Injury:	04/19/2001
Decision Date:	08/13/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old male who reported an injury on 04/19/2001. The mechanism of injury is unknown. The injured worker complained of lumbar spine pain. He stated that it was a burning and throbbing pain. He rated his pain at a 7/10 at the least; and at its worst, a 9/10. The injured worker also stated that the pain radiated from down to the back of his legs. Physical examination dated 05/21/2014 of the lumbar spine revealed that the injured worker had tenderness to palpation in the pelvic rim and junction bilaterally. He also had right pelvic rim tenderness rated mild; and moderate sciatic notch tenderness that was rated bilaterally. Range of motion of flexion was 45 degrees, extension 20 degrees, lumbar rotation was 30 degrees bilaterally, and lumbar bending was 25 degrees bilaterally. He had a normal gait, and heel to toe progression. There was no further evidence of range of motion or any motor strength evidence on the injured worker in submitted reports. There were no diagnostics submitted in the report. There were no diagnoses submitted in the reports. Treatment provided to the injured worker was medication. Medication includes Norco 10/325, 1 every 4 hours; Soma 350 mg, one 3 times a day; metformin 1000 mg, 1 twice a day; and hydrochlorothiazide. Current treatment plan was to continue precaution in all activities, continue current medication, continue activity tolerance, continue follow-up with primary care provider, and return to clinic in 3 months. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF HYDROCODONE-ACETAMINOPHEN (NORCO) 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78 and 98.

Decision rationale: The request for prospective request for 1 prescription of hydrocodone-acetaminophen (Norco) 10/325 mg not medically necessary. The injured worker complained of lumbar spine pain. He stated that it was a burning and throbbing pain. He rated his pain at a 7/10 at the least; and at its worst, a 9/10. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that the usual dose is 5/500 mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). Guidelines also state that prescriptions should be from a single practitioner taken as directed, and all prescriptions from a single pharmacy. That the lowest possible dose should be prescribed to improve pain and function. MTUS also state that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Given the above guidelines, the injured worker is not within MTUS Guidelines. There was no documentation regarding the measurement of pain of the injured worker with and without the Norco. No side effects were listed in the reports. There was no evidence that the Norco was also helping with any functional deficits the injured worker had. The report also lacked a urinalysis or drug screen showing that the injured worker was compliant with the MTUS Guidelines. The request as submitted also failed to provide the frequency and the quantity of the medication. As such, the request for 1 prospective prescription of hydrocodone/acetaminophen (Norco 10/325) is not medically necessary.

PROSPECTIVE REQUEST FOR ONE (1) PRESCRIPTION OF SOMA (CARISOPRODOL) 350 MG: 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.

Decision rationale: The request for prospective request for 1 prescription of Soma (Carisoprodol) 350 mg not medically necessary. The injured worker complained of lumbar spine pain. He stated that it was a burning and throbbing pain. He rated his pain at a 7/10 at the least; and at its worst, a 9/10. The California Medical Treatment Utilization Schedule (MTUS)

guidelines do not recommend Soma. This medication is not indicated for long-term or short-term use. California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol (Soma) is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The guidelines stipulate that Soma not be recommended, and if so, it be suggested that it be recommended for the use of sedation in treatment of anxiety. The injured worker had no complaints of anxiety. Therefore, Soma is not medically necessary. There was also a lack of documentation of functional improvement as a result of the medication. Furthermore, it is not for the use of longer than 2 to 3 weeks. The request as submitted failed to provide the frequency and quantity of the medication. Given the guidelines above, the request for prospective request for 1 prescription of Soma 350 mg is not medically necessary.