

Case Number:	CM14-0034136		
Date Assigned:	06/20/2014	Date of Injury:	07/02/2008
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/19/2014

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 Management 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:

According to the records made available for review, this is a 65-year-old male with a 7/2/08 date of injury, and status post L2-S1 lumbar posterior lateral fusion with pedicle instrumentation (undated). At the time (3/6/14) of request for authorization for Soma 4mg #60, Norco 5/325mg #60, and Naproxen 550mg #60, there is documentation of subjective (increasing lumbar spasms and pain for past two weeks, numbness of left foot, and pain radiating to left lower extremity with occasional paresthesias and intermittent pain to his neck which is stable radiating to bilateral periscapular areas) and objective (soreness to palpation of cervical spine with no spasm or trigger points, trigger point tenderness and spasm to right upper lumbar area, tender mid-lumbar scar, limited lumbar flexion 50 degrees, extension 10 degrees with increased pain, positive straight leg raise on right with increased back pain and buttock pain, and stable bilateral lower extremity neurologically with no numbness and no weakness) findings, current diagnoses (status post L2-S1 lumbar posterior lateral fusion with pedicle instrumentation, mild grade I retrolisthesis at L1-2 and L2-3, and cervical spondylosis-discogenic disease), and treatment to date (physical therapy, acupuncture, lumbar epidural steroid injection, surgery, and medications (including ongoing treatment with Soma, Norco and Naproxen)). Regarding Soma, there is no (clear) documentation of acute muscle spasms, the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects as well as functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

Regarding Naproxen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 4mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Soma is not recommended and that this medication is not indicated for long term use. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of status post L2-S1 lumbar posterior lateral fusion with pedicle instrumentation, mild grade I retrolisthesis at L1-2 and L2-3, and cervical spondylosis-discogenic disease. In addition, there is documentation of muscle spasms. However, given documentation of a 7/2/08 date of injury, there is no (clear) documentation of acute muscle spasms. In addition, given documentation of ongoing treatment with Soma, there is no (clear) documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to

support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post L2-S1 lumbar posterior lateral fusion with pedicle instrumentation, mild grade I retrolisthesis at L1-2 and L2-3, and cervical spondylosis-discogenic disease. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post L2-S1 lumbar posterior lateral fusion with pedicle instrumentation, mild grade I retrolisthesis at L1-2 and L2-3, and cervical spondylosis-discogenic disease. In addition, there is documentation of chronic low back pain. However, given documentation of ongoing treatment with Naproxen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen is not medically necessary.