

Case Number:	CM14-0034190		
Date Assigned:	06/20/2014	Date of Injury:	06/01/2007
Decision Date:	07/29/2014	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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 49 year old female who was injured on 06/01/2007 when she was involved in a motor vehicle accident. Prior treatment history has included Menthol 5% adhesive patch, Temazepam, Soma, and Norco. Diagnostic studies reviewed include CT of the lumbar spine dated 01/04/2012 revealed a stable appearance of the lumbar spine from prior study. There is mild left foraminal stenosis present at L3-L4 and L4-5. There is mild bilateral foraminal encroachment at L5-S1 and mild to moderate L3-L4 through L5-S1 facet degenerative disease. Progress report dated 02/18/2014 indicated the patient presented with complaints of neck pain with bilateral brachial radicular pain, arm pain, low back pain with bilateral radicular leg pain, and leg pain. She rated her pain a 6/10. It is noted that the patient's Norco and Soma will be titrated at the next visit. Objective findings on exam revealed range of motion of the cervical spine at about 50%. The paravertebral muscle and trapezius muscles are taut, tender and have trigger points. Lumbar spine range of motion is 75%. There are tender trigger points in the low lumbar areas bilaterally. There is tenderness over the lower facet joints and pain with lateral flexion and bilateral rotation of the lumbar spine. Diagnoses are post laminectomy cervical region syndrome, brachial neuritis or radiculitis/cervical radiculitis, lumbosacral spondylosis and thoracic or lumbosacral neuritis or radiculitis. The treatment and plan included bilateral L3, L4 and L5 diagnostic medial branch blocks to treat facet degenerative disease. Prior utilization review dated 03/16/2014 states the request for Soma 350 mg #90 and Norco 10/325 mg #120 is not authorized as note dated 02/18/2014 indicates the patient's dosages were going to be titrated at the next visit. It is unclear why refills are being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: 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): 63-66.

Decision rationale: According to CA MTUS guidelines, Muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Carisoprodol (SOMA) is not recommended for longer than a 2 to 3 week period. The available medical records indicate that the patient has been prescribed Soma since at least 7/9/2013. There is no submitted functional improvement because of the administration of this medication. Moreover, the treating physician decided to titrate the dosage of Soma by the next visit as documented by the Pr2 dated 2/18/2014. Therefore, the requested Soma 350mg # 90 is not medically necessary according to the guidelines and the submitted medical records.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: As per the CA MTUS, Norco (Hydrocodone + Acetaminophen) as a short acting Opioid is recommended for the management of chronic pain. The available medical records indicate that the patient has been prescribed this medication since at least 7/9/2013. The CA MTUS guidelines indicate the following criteria to be addressed for the continuation of the use of Opioids to control chronic pain; "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". The medical records do not document pain or functional assessment to support the continuation of Norco. On the other hand, the treating physician has decided to readjust Norco by the next visit, which makes the continuation with the same dose non-justified. Therefore, the medical necessity of the requested Norco 10/325mg # 120 has not been established according to the guidelines.