

Case Number:	CM14-0036420		
Date Assigned:	06/25/2014	Date of Injury:	03/22/2005
Decision Date:	07/29/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/25/2014

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 Pain Medicine, 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 injured worker is a 40 year old female injured on 3/22/05 as a result of a slip and fall on a freshly waxed floor. Current diagnoses included lumbar post-laminectomy syndrome and lumbar radiculopathy. A clinical note dated 1/8/14 indicated the injured worker was status post lumbar hardware block placed at four sites near pedicle screws inside inserted into the lumbar spine on 12/18/13. The injured worker reported significant improvement in pain symptoms for several hours following the hardware block. The injured worker reported low back pain radiating down the right lower extremity into the foot with associated numbness and tingling in the right lower extremity rated at 8/10 on the visual analog scale. Objective findings included ambulation with the assistance of the cane, pain with palpation in the spinous processes of the lumbar spine, and decreased range of motion of the lumbar spine in all planes. Current medications included Norco, cyclobenzaprine, pantoprazole, and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325/10mg quantity 90 to permit weaning off of Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76, 78, 79-90, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There is no indication in the documentation of the intent to wean the injured worker from opioids. The clinical note dated 1/8/14 refilled the injured worker's medications as previously prescribed. As such, the request cannot be recommended as medically necessary.

Soma 250mg tid #90 to permit weaning off of Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Weaning of Medications Page(s): 29, 124.

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

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for the symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. The medication is not recommended as medically necessary.