

Case Number:	CM14-0038931		
Date Assigned:	06/27/2014	Date of Injury:	05/26/2011
Decision Date:	08/15/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 Nevada. 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 records presented for review indicate that this 34 year-old male was reportedly injured on 5/26/2011. The mechanism of injury is noted as a lifting/twisting injury. The most recent progress note, dated 2/6/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated thoracolumbar spine: positive tenderness to palpation from L4-S2 in the midline, mild right sciatic tract irritation. There is limited flexion with range of motion. Deep tendon reflexes are one plus and equal bilateral lower extremity. No recent diagnostic studies are available for review. Previous treatment includes medications, physical therapy, and conservative treatment. A request had been made for Hydrocodone/Acetaminophen 10/325, #120, Soma 350 mg, #90 and was not certified in the pre-authorization process on 3/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone / Acetaminophen 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/acetaminophen Page(s): 74-78 of 127.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic low back pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

1 prescription for 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 Carisoprodol Page(s): 29 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the Chronic Pain Medical Treatment Guidelines against the use of this medication, this medication is deemed not medically necessary.