

Case Number:	CM14-0038996		
Date Assigned:	06/27/2014	Date of Injury:	04/21/2010
Decision Date:	08/14/2014	UR Denial Date:	03/25/2014
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 Internal & Emergency 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:

This patient is a 32 year-old with a date of injury of 04/21/10. A progress report associated with the request for services, dated 02/28/14, identified subjective complaints of low back pain into the leg. Objective findings included tenderness to palpation of the lumbar spine with a positive straight leg-raise test. Motor and sensory functions were normal. Diagnoses included radiculopathy of the lumbar spine. Treatment has included muscle relaxants and oral analgesics. A Utilization Review determination was rendered on 03/25/14 recommending non-certification of Oxycodone 30 mg, # 120; Norco 10 mg-325, # 160; Naproxen 500 mg, # 90; and Soma 350 mg, # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30 MG, # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91, 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS Guidelines, related to on-going treatment of opioids, states that there should be documentation and ongoing review of pain relief, functional status, appropriate 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. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy appears to be beneficial, but limited for short-term pain relief, and long-term efficacy is unclear, but also appears to be limited. The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. The patient has been on opioids in excess of 16 weeks. In this case, though there is description of the level of pain relief, there is no documentation of the other elements of the pain assessment referenced above for necessity of therapy beyond 16 weeks, where the evidence is otherwise unclear. Therefore, the request is not medically necessary.

NORCO 10 MG-325, # 160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91, 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids for Chronic Pain.

Decision rationale: Norco 10/325 is a combination drug containing acetaminophen and the opioid Hydrocodone. The Chronic Pain Guidelines, related to on-going treatment of opioids, state that there should be documentation and ongoing review of pain relief, functional status, appropriate 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 state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy appears to be beneficial, but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. The patient has been on Norco in excess of 16 weeks. The Official Disability Guidelines (ODG) state: While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective in achieving the original goals of complete pain relief and functional restoration. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record is not medically necessary.

NAPROXEN 500 MG, # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 12 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NSAIDs.

Decision rationale: Naproxen (Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). The MTUS Guidelines state that NSAIDs are recommended for use in osteoarthritis. It is noted that they are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The Official Disability Guidelines state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. The record indicates that the therapy is long-term rather than for a short period. Since NSAIDs are recommended for the shortest period possible, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, there is no documentation of the functional improvement related to Naproxen. As such, the request is not medically necessary.

SOMA 350 MG, # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines /ANTISPASMOTICS Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: Soma (Carisoprodol) is a centrally acting antispasmodic muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. The MTUS Guidelines state that Carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including benzodiazepines, Tramadol, and Hydrocodone. It is associated with withdrawal symptoms and is abused for the above mentioned effects. As such, the request is not medically necessary.