MAXIMUS Federal Services

Case Number:	CM14-0047659		
Date Assigned:	06/25/2014	Date of Injury:	12/14/2012
Decision Date:	07/28/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/31/2014

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 35-year-old female with a 12/14/12 date of injury. At the time of request for authorization for Soma 350 mg #60 and Norco 10/325 #60 (dated 3/14/14), there is documentation of subjective complaints of severe left lower back pain and constant left leg pain, numbness, and weakness, along with objective findings of cervical spine paravertebral muscle tenderness and spasms in the left more than right trapezius, supraspinatus, and infraspinatus; occipital notch tenderness; thoracic spine severe paravertebral muscle tenderness; spastic, stiff, left leg; spasms at the left paraspinals low-thoracic-lumbar spine; and decreased light touch and temperature in the left L5-S1. Her current diagnoses include musculoligamentous sprain/strain of the lumbar spine with unrelenting pain and numbness, left L5-S1 radiculopathy and herniated nucleus pulposus at L5-S1 and partial left foot drop, musculoligamentous sprain/strain of the cervical spine with radicular component, mild bilateral carpal tunnel syndrome. Treatment to date has included epidural steroid injection, acupuncture, activity modification, and medications including Norco and Soma since at least September of 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); and MTUS Definitions, page 1 Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies criteria necessary to support the medical necessity of muscle relaxants, including the documentation of acute exacerbation of chronic low back pain and the use of the muscle relaxant as a second-line option for short-term treatment. The MTUS also states that any treatment intervention should not be continued in the absence of functional benefit or improvement, such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous sprain/strain of the lumbar spine with unrelenting pain and numbness; left L5-S1 radiculopathy and herniated nucleus pulposus L5-S1 and partial left foot drop, musculoligamentous sprain/strain of the cervical spine with radicular component, and mild bilateral carpal tunnel syndrome. However, there is no documentation of an acute exacerbation of chronic low back pain or that Soma is being used as a second-line option and for short-term treatment. In addition, there is no documentation of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, or a reduction in the use of medications or medical services, as a result of the use of Soma to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350 mg #60 is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; and MTUS Definitions, page 1 Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines list criteria necessary to support the medical necessity of opioids. These include documentation that prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS also states 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 musculoligamentous sprain/strain of the lumbar spine with unrelenting pain and numbness; left L5-S1 radiculopathy and herniated nucleus pulposus L5-S1 and partial left foot drop, musculoligamentous sprain/strain of the cervical spine with radicular component, mild bilateral carpal tunnel syndrome. However, there is no documentation that the prescriptions are from a single practitioner and are being taken as directed, nor that the lowest possible dose is being prescribed. There is no evidence of ongoing review of pain relief,

functional status, appropriate medication use, and side effects. Furthermore, there is no documentation of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, or a reduction in the use of medications or medical services, as a result of the use of Norco to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 #60 is not medically necessary.