

Case Number:	CM14-0047887		
Date Assigned:	07/02/2014	Date of Injury:	01/23/1992
Decision Date:	10/14/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/16/2014

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, 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:

This is a male patient with the date of injury of January 23, 1992. A utilization review determination dated March 5, 2014 recommends non-certification of Norco 10/325 mg #180 with 3 refills with modification to 1 refill and soma 350 mg #90 with 3 refills with modification to 1 refill. A progress note dated February 26, 2014 identifies subjective complaints of the patient being two weeks status post TPLIF (transforaminal posterior lumbar interbody fusion) at L4-5, the patient reports resolution of right lower extremity pain, near complete resolution of lower extremity weakness, and the patient states that motor function of the left lower extremity has improved. Physical examination identifies 5/5 strength of the right foot dorsiflexors, 2-3/5 strength of the left foot dorsiflexors which is an improvement from the preoperative evaluation. No diagnosis was posted. The treatment plan recommends that the patient continue with OxyContin two per day, Percocet for per day, and to initially wean off Percocet followed by OxyContin. A letter of appeal dated March 27, 2014 identifies that the patient is six weeks status post a transforaminal posterior lumbar interbody fusion, laminectomy and instrumentation, L4-5. The letter notes that during the patient's hospital stay his low back pain was severe and that the patient was taking OxyContin 20 mg twice a day and Percocet 10/325 mg every four hours. Since that period of time the patient's back pain has improved and the patient discontinued OxyContin and was able to decrease his Percocet intake to about four tablets a day. The patient continues to have significant back pain and muscle spasms and actually requires continuation of the pain medication and Soma. At this point the patient is taking Norco one pill every 4 to 6 hours and Soma for muscle spasms as needed and he discontinued Percocet. It is noted that that if pain medications are discontinued it will seriously jeopardize the patient's life and health and will put him through severe withdrawal. It will also affect his ability to regain maximum function. The expectation is that the patient will be on the pain medication and muscle relaxants

for at least three months. The patient has no history of abuse or addiction and is not seeking a prescription from several practitioners. The need for a drug screen is found to be inappropriate and unnecessary. The request is for Norco 10/325 #180 with 2 additional refills and for soma 350 mg #80 with 2 additional refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen) 10/325 #180 with 3 refills, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS) and no documentation regarding side effects. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco 10/325 #180 with 3 refills is not medically necessary.

Soma 350 mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Soma (carisoprodol) 350mg #90 with 3 refills, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or specific objective functional improvement as a result of the Soma. In the absence of such documentation, the currently requested Soma 350mg #90 with 3 refills is not medically necessary.

