MAXIMUS Federal Services

Case Number:	CM14-0049439		
Date Assigned:	07/07/2014	Date of Injury:	06/21/2004
Decision Date:	08/28/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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:

The patient is a 46 year old male, who has submitted a claim for cervical foraminal stenosis; left sided L5-S1 disc herniation and mild left median neuropathy associated with an industrial injury date of June 21, 2004. Medical records from 2008 through 2014 were reviewed, which showed that the patient complained of persistent pain in his neck, low back, and left leg. Physical examination revealed tenderness in the paraspinous musculature of the cervical region. There was muscle spasm bilaterally. Lumbar ROM was as follows: flexion at 30 degrees, extension at 10 degrees, rotation right at 30 degrees, rotation left at 30 degrees, tilt right at 30 degrees and tilt left at 30 degrees. An MRI of the lumbar spine done on May 24, 2007 showed left para central disc bulge abutting the transiting left S1 nerve root without causing significant neural foramina or central canal stenosis. An MRI of the cervical spine done on July 29, 2009 showed disc space narrowing at C5-C6, osteopathic disc disease at C5-C6 and C5-C7 with anterior impressions on theca sac and narrowing of neural foramina bilaterally. Treatment to date has included Norco, Motrin, Zanaflex, PT, Methypredinoslone, Neurontin, Soma and Acupuncture. A utilization review from March 26, 2014 denied the request for Norco 10/325mg #100. In addition, the request for Soma 350mg #60 was also denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatemnt in Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opioids Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the MTUS Chronic Pain Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on Hydrocodone/APAP (Norco) since October 2008 for pain control. However, there was no documentation of recent pain relief or functional improvement with its use. Likewise, documents submitted did not show evidence of urine drug screen and or CURES reports. There was also no pain management plan and pain contract made between the primary physician and the patient. Therefore, the request for Norco 10/325mg #100 is not medically necessary.

Soma 350 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatemnt in Workers Compensation Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 (Carisoprodol) Page(s): 29, 65.

Decision rationale: As stated on pages 29 and 65 of the MTUS Chronic Pain Guidelines, Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma since 2007, which is beyond what the MTUS Chronic Pain Guidelines suggests. In addition, no functional improvement was documented within the medical records provided for review. Therefore, the request for Soma 350mg #60 is not medically necessary.