

Case Number:	CM14-0052440		
Date Assigned:	07/07/2014	Date of Injury:	03/14/2012
Decision Date:	08/19/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 & Rehabilitation and is licensed to practice in California & Washington. 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 injured worker is a 52-year-old female who reported an injury on 03/14/2012 the mechanism of injury was not provided within the medical records. The clinical note dated 04/21/2014 indicated diagnoses of herniated nucleus pulposus of the cervical spine, contusion of the left elbow, and herniated nucleus pulposus of the lumbar spine. The injured worker reported persistent flare-ups of pain about her lower back region with pain and numbness and tingling that radiated into her left lower extremity and into her left foot. The injured worker reported that her low back pain was rated at a 9/10. Her low back pain had been exacerbated with prolonged standing and walking-like activities. The injured worker was not working, and she denied any new injuries. On physical examination, there was tenderness over the lumbosacral spine in the midline, as well as over the bilateral lumbar paraspinal musculature, with muscle spasms and myofascial trigger points noted. Active range of motion of the lumbar spine revealed flexion of 40 degrees, extension of 10 degrees, lateral bending of 10 degrees bilaterally. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco, Soma, and naproxen. The provider submitted a request for Norco and Soma. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 400: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The California MTUS guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the documentation submitted did not indicate the injured worker had a pain contract. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Soma 350mg QTY: 360.00: Upheld

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

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

Decision rationale: The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. Soma is not indicated for longer than a 2 to 3 week period. It appears that this drug is being used chronically. Moreover, the request does not indicate a frequency for this medication. Additionally, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Therefore, the request for Soma 350mg qty: 360.00 is not medically necessary