

Case Number:	CM14-0057672		
Date Assigned:	07/09/2014	Date of Injury:	08/10/2012
Decision Date:	08/26/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 76 year old male who reported an injury to his low back on 08/10/12. The utilization review dated 04/15/14 indicates the requested medications to include Soma and Norco resulted in non-certifications. As no information had been submitted regarding the injured worker's most recent urine drug screen or opioid management agreement. Additionally, the injured worker had been utilizing these medications for long-term use which are not recommended. A partial certification was provided for weaning purposes of Norco. The clinical note dated 03/04/14 indicates the injured worker complaining of low back pain with radiation of pain into the lower extremities. The injured worker stated the radiating pain was primarily at the front of the thigh on the left. There is an indication the injured worker has recently undergone an MRI which revealed small annular tears at L2 through S1. The clinical note dated 12/09/13 indicates the injured worker being recommended to return to work with modified duties of no lifting greater than 20 pounds or repetitive bending. The clinical note dated 11/26/13 indicates the injured worker continuing with the use of Norco and Soma at that time. The MRI of the lumbar spine dated 01/06/14 revealed moderate facet degeneration at the lower lumbar levels. The annular tears continued to be identified at L2-3 through L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Selective NSAIDS and Antispasmodics Page(s): 65, 72.

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

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care, exceeding the recommended treatment window. Therefore, the request for Soma 350mg #60 is not medically necessary and appropriate.

Retro Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request for Norco 10/325mg #100 is not medically necessary and appropriate.

Retro Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented pain scores

for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request for Norco 10/325mg #60 is not medically necessary and appropriate.