

Case Number:	CM14-0062486		
Date Assigned:	07/11/2014	Date of Injury:	04/01/2008
Decision Date:	09/25/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 34-year-old man who sustained a work related injury on April 1, 2008. Subsequently he developed with chronic back pain. The patient underwent the lumbar fusion at L5-S1 followed by a lumbar fusion revision on August 2012. According to a note dated on March 5, 2014, the patient was complaining lower back pain, paraspinal muscle pain radiating to the left leg. The lumbar x-ray showed good alignment with no evidence of hardware migration. His pain was rated 7-9/10 his physical examination demonstrated the lumbar tenderness with reduced range of motion, positive straight leg raise on the left, decreased sensation in the territory of L4-L5 and S1. The patient was treated with Norco, Cymbalta and Soma since at least 2012. However the patient continued to complain of low back pain. The patient was diagnosed with L5-S1 disc herniation, depression, anxiety and insomnia. The provider requested authorization to use Norco, Soma, and the follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Four domains 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, she continued to have severe pain despite the use of Norco. There is no objective documentation of pain and functional improvement to justify continuous use of Norco in this patient. The patient reported side effect from long term use of Norco including constipation and depression. Therefore, the prescription of NORCO 10/325MG is not medically necessary.

Soma 350mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: According to MTUS guidelines, Soma is not recommended for long term use. It is prescribed for muscle relaxation. Although the patient was reported to have muscle spasm, there is no documentation of previous long term use of Soma. Therefore, Soma 350 mg # 100 is not medically necessary.