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| Case Number: | CM14-0065166 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 09/09/2001 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 05/08/2014 |

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 and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 09/09/2001 due to a motor vehicle accident. The injured worker's diagnoses were cervical radiculopathy, lumbar radiculopathy, and lumbar postlaminectomy syndrome. The injured worker had an MRI done of the cervical spine dated 07/26/2013. The injured worker's surgical history included a laminectomy, decompression and fusion in 2004 at L5-S1, umbilical hernia repair and repair of right inguinal hernia in 2004, left shoulder subacromial decompression with chondroplasty, lumbar facet neurolytic block at left L3-L4, L4-L5 and L5-S1, left lumbar diagnostic facet block at L3-L4, L4-L5 and L5-S1,. Prior treatment included epidural steroid injections, medications, physical therapy, The injured worker's prior treatment plan was for left C5-7 epidural x 1 under fluoroguidance, continue with a home exercise program and medications. The injured worker complained of continuous neck pain radiating down the left arm. He also complained of pain in the groin. On physical examination dated 06/13/2014, the injured worker had decreased lumbar spine range of motion, positive Spurlings and decreased sensation in the left C6 distribution to the hand. The requested treatment plan is for Norco 10/325 #180 with 1 refill, Soma 350 mg #120 with 1 refill. The rationale for the request was not submitted with documentation. The request for authorization form was provided with documentation submitted for review dated 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for 1 prescription of Norco 10/325 mg #180 with 1 refill is non-certified. The California MTUS Guidelines state that ongoing management should include detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also specify that a pain assessment should be performed on each visit and include current pain level, the least reported pain level over the period since the last assessment, the average pain, and the intensity of the pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. The 4 A's which include analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior should be addressed at each visit. Although there was pain documented on past clinical visits, there was lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant functional improvement and decreased pain scores. There was lack of documentation regarding the injured worker's functional benefits with the use of opioids, and there was no consistent drug screen testing provided to confirm appropriate medication use. In addition, there was no mention of side effects in the clinical medical record that was submitted for review. Given the above, the ongoing use of the opioid medication would not be supported at this time. The request as submitted failed to provide the frequency of the medication. As such, the request for Norco 10/325 #180 with 1 refill is non-certified.

1 prescription of Soma 350mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Disability Duration Guidelines Pain (Chronic) (2013).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant, and Carisoprodol page(s) 63, 29 Page(s): 63, 29.

Decision rationale: The request for 1 prescription of Soma 350 mg #120 with 1 refill is non-certified. The California MTUS recommends a nonsedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increase mobility; however, in most low back pain cases, they show no benefit beyond an NSAID in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Guidelines state that Soma is not indicated for long term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant in which the primary active metabolite is meprobamate. The injured worker complains of continued neck pain with a radiating pain down the left arm. There was lack of documentation of any functional improvement subjectively or objectively. In addition, the request does not include the frequency for the proposed medication. As such, the request is non-certified.

