

Case Number:	CM14-0085589		
Date Assigned:	07/23/2014	Date of Injury:	09/10/2001
Decision Date:	10/01/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 77-year-old female who reported an injury on 09/10/2001 caused by an unspecified mechanism. The injured worker's treatment history included medications and surgery. She was evaluated on 06/05/2014 and it was documented the injured worker complained of bilateral low back pain radiating to the bilateral buttocks, bilateral calves, and bottom right foot. The pain level was at 7/10. On physical examination, there was tenderness over the bilateral lumbar paraspinal muscles, right worse than left, lumbar discogenic maneuvers were positive bilaterally. Patrick's and straight leg raise was positive bilaterally. Decreased sensation over L5 dermatomal. She was on pain medications. Medications included Effexor, Topiramate, tramadol, Soma, hydrocodone, Motrin, and omeprazole. Diagnoses included bilateral L5 radiculopathy with lower extremity weakness and positive straight leg raise, L5-S1 disc protrusion, lumbar stenosis, lumbar sprain/strain, right knee internal derangement, status post knee surgery, and bilateral hand and upper extremity pain. It was documented that the injured worker's Norco decreases the injured worker's pain by 40% and gives her 40% improvement of activities of daily living. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. There was no urine drug screen for opioid compliance. As such, the request of Norco 10/325 mg #90 is not medically necessary.

Soma 350 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) & Muscle Relaxants, Page(s): 29, 63.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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 regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documents submitted lacked outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. Furthermore, the documentation failed to indicate how long the injured worker has been on Soma. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Soma 350 mg # 90 is not medically necessary.

Ultram 50 mg #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram & Opioids, criteria for use Page(s): 75 , 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Ultram is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. In addition, there was lack of outcome measurements of conservative care such as, physical therapy or home exercise regimen noted for the injured worker. Given the above, Ultram 50 mg # 12 is not medically necessary.

Medrol dose pack, use as directed #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Low back, Corticosteroids (oral/parenteral for low back pain)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain. Medrol Dose Pak.

Decision rationale: The Official Disability Guidelines indicate that oral corticosteroids are not recommended for chronic pain, but may be recommended for injured workers with acute radicular pain with clear/cut signs and symptoms of radiculopathy, documentation showing a discussion with the injured worker regarding the risk of steroid use, the injured worker is aware of the evidence that research provides little evidence of benefit with this medication, and only after a symptom free period with subsequent exacerbation or when there is evidence of a new injury. The clinical information submitted for review failed to indicate whether the injured worker had a previous symptom and benefit of corticosteroid use. In absence of this documentation, the request for Medrol dose pack, use as directed #1 is not medically necessary.