

Case Number:	CM14-0089889		
Date Assigned:	07/23/2014	Date of Injury:	07/21/2012
Decision Date:	08/28/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Pain Management and is licensed to practice in California. 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 51-year-old-male with a date of injury 07/21/2012 while at work as an aircraft technician as he was he was stepping off of a lift. PTP PR-2 progress report dated July 17, 2013 the injured worker complained of low back pain. The patient describes the pain as moderate to severe, radiating into the hip, next to SI joint. He had SI joint injection without relief. Symptoms also include burning pain, popping, stiffness, giving way, weakness, tenderness. The symptoms are constant and frequent. Medications include Norco and Soma. On exam, the lumbar Spine ROM was: Flexion 60 with muscle guarding and pain, Extension 10, B/L Tilt 10 with muscle guarding and left low back pain. X-rays of the pelvis demonstrates some widening of the left SI joint. MRI of the lumbar spine dated October 11, 2012 revealed mild central canal stenosis at L3-4, above his fusion as well as ligamentum flavum buckling and moderate bilateral facet arthropathy with moderate left neuroforaminal stenosis. The injured worker received epidural injection at left neuroforaminal L3-4 on 6/20/13. Diagnoses include Left worse than right sacroiliac strain/sprain, S/P L4-S1 decompression and fusion and S/P gastric bypass surgery. Previous UR request for Norco and Soma were denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, qty 240 (dosage not provided): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate 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 nonadherent) 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 medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition, there is no mention of ongoing attempts with non-pharmacologic means of pain management. The medical documents do not support continuation of opioid pain management. There is no mention of any significant improvement with pain or function with prior use. There is no mention of drug urine screen to demonstrate compliance with opioid regulations. Therefore, the medical necessity for hydrocodone has not been established per guidelines. Therefore, the request is not medically necessary.

Soma, qty 180 (dosage not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Carisoprodol (SOMA) is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (5) as a combination with codeine. In this case, there is little to no evidence of significant spasm requiring this medication or documentation of improvement in pain or function with its prior use. Per guidelines, long-term use is not recommended due to side effects or potential for abuse. Therefore, the medical necessity is not established per guidelines and the available clinical information. Therefore, the request is not medically necessary.