

Case Number:	CM14-0161843		
Date Assigned:	10/07/2014	Date of Injury:	12/26/1998
Decision Date:	01/13/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 patient is a 69 year old female with date of injury 12/26/98. The treating physician report dated 08/21/14 indicates that the patient presents with pain affecting the low back. The physical examination findings reveal positive straight leg test in the right leg, lumbar is TTP at the coccyx, lumbar range of motion is flexion -50, extension- 0-5, right/left lateral-40, and rotational right/left- 40. The patient rates her pain as 5-6/10 with medication and 9/10 without medication. The patient is permanent and stationary. Prior treatment history includes three back surgeries and medication. The current diagnoses are: 1. Lumbago; 2. Sciatica; 3. Thoracic or lumbosacral neuritis or radiculitis; 4. Postsurgical Status. The utilization review report dated 09/15/14 denied the request for Norco 10/325mg #150 and Soma 350mg #90 based on guidelines not being met because there was not any documented increase in function or decrease in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Norco 10/325mg #150. The primary treating physician's 8/21/14 report states, "She does report that the medications continue to allow her to have improvement function." (28) On the treating physician's 7/24/14 report, it stated "She states that she continues to have pain at 6/10 today with medication. She states that without medication her pain is 9/10." (30) The MTUS guidelines state "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has provided documentation that the patient has decreased pain with medication usage and improved ability to perform functional activities of daily living with medication usage. The physician conducts urine drug to screen aberrant behavior. The review of systems does not note constipation or other side effects caused by the medication. In addition, it is recommended that CURES reporting be noted for California patients. All 4 A's have been documented. The request is medically necessary.

Rx Soma 350mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Soma 350mg #90. The primary treating physician's 8/21/14 report stated, "We continue to try to transition the patient to longer acting medications." In reviewing the medical records provided, the patient has been prescribed Soma since at least 7/24/14. MTUS guidelines page 29 regarding Soma state "Not recommended. This medication is not indicated for long-term use. MTUS guidelines do not support this medication for long term use. Therefore, the request is not medically necessary.