

Case Number:	CM14-0187667		
Date Assigned:	11/17/2014	Date of Injury:	07/17/2006
Decision Date:	01/06/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/11/2014

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 Occupational Medicine 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 49-year-old male who has submitted a claim for post laminectomy syndrome of the lumbar spine and lumbar radiculopathy associated with an industrial injury date of 7/17/2006. Medical records from 2014 were reviewed. The patient complained of worsening low back pain radiating to bilateral lower extremities associated with numbness. He denied incontinence. He reported that medications failed to provide him symptom relief. He was unable to perform home exercises and activities of daily living due to pain. Physical examination showed antalgic gait, tenderness over paralumbar muscles; diffuse lower extremity weakness, dysesthesia at left posterior thigh and calf, and positive straight leg raise test at the left. Treatment to date has included lumbar spinal fusion on 2008, removal of spinal hardware on 2010, physical therapy, Cymbalta, Zolpidem, Omeprazole, Norco, Gabapentin, Soma, and MS Contin (since at least June 2014). The utilization review from 10/22/2014 denied the request for Soma 350mg #90 because long-term use was not recommended; modified the requests for MS Contin 60mg #90 into MS Contin 60mg for one month and Norco 325mg-10mg #180 into Norco 325mg-10mg for one month for the purpose of weaning because of no clear documentation of recent urine drug test results, risk assessment profile and updated pain contract between the provider and the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As stated on page 29 of the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as Hydrocodone, Tramadol, Benzodiazepine and Codeine. In this case, the patient has been on Carisoprodol since at least June 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Furthermore, there is no recent evidence of ongoing muscle spasm to warrant its use. Lastly, long-term use of muscle relaxant is not recommended. Therefore, the request for Soma 350mg, #90 is not medically necessary.

MS Contin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed MS Contin since at least June 2014. He reported that medications failed to provide him symptom relief. He was unable to perform home exercises and activities of daily living due to pain. The medical necessity for continuing opioid management was not established. Therefore, the request for MS Contin 60mg #90 is not medically necessary.

Norco 325mg-10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant

drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed Norco since at least June 2014. He reported that medications failed to provide him symptom relief. He was unable to perform home exercises and activities of daily living due to pain. The medical necessity for continuing opioid management was not established. Therefore, the request for Norco 325mg-10mg #180 is not medically necessary.