MAXIMUS Federal Services

Case Number:	CM14-0192315		
Date Assigned:	11/26/2014	Date of Injury:	05/29/2001
Decision Date:	01/12/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 Medicine and is licensed to practice in New Jersey and New York. 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 52 year-old female who was injured on 5/29/01 when her leg slipped out from under and bent backwards. She complained of right hip pain, low back pain. She was diagnosed with fracture of the neck of the femur and displacement of intervertebral disc. She had plate placed to help the fracture heal but ended up needing a right total hip replacement in 3/2003. She continued to complain of lower back pain with spasms with prolonged standing or sitting. On exam, she had tenderness, spasms, and decreased range of motion of the lower back. Her treatment included trigger point injections, lumbar epidural steroid injection, medications (Norco, Soma, Cymbalta) and acupuncture. The patient uses Norco for breakthrough pain. She was not working when that was documented. Her urine drug screen in 9/2014 was positive for Norco. Zanaflex did not help her muscle spasms. She was on Soma earlier in the year. In 1/2014, she had an abnormal urine drug screen showing inconsistent results and methamphetamine/amphetamine use. The patient was diagnosed with major depressive disorder and anxiety. The current request is for Soma and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tablet 3 times a day as needed, spasms #90: Upheld

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

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

Decision rationale: Per MTUS, this centrally-acting muscle relaxant is not indicated for long-term use and the patient was on it previously earlier in 2014. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on hydrocodone for lower back pain which when combined with carisoprodol has been described to have effects similar to heroin. Weaning is required due to potential withdrawal syndrome. The patient did have a UDS showing inconsistent results and positive for amphetamines/methamphetamines in early 2014. This is concerning for aberrant drug behavior. The risks of carisoprodol appear to outweigh the benefits. Therefore, the request is considered not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The patient has been taking Norco for lower back and hip pain. The chart does not provide any objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of Norco, as is required per MTUS. There are no drug contracts, or long-term goals for treatment as is also required per MTUS. The 4 A's of ongoing monitoring were not adequately documented, as is require by MTUS. The patient used Norco for flare-ups. However, because there was no evidence of objective functional gains with the use of Norco, the long-term use for chronic lumbar pain is not recommended, and there is high abuse potential. The risks of Norco use outweigh the benefits. The patient also had a UDS with inconsistent results in early 2014. Therefore, the request is considered not medically necessary.