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| Case Number: | CM14-0195200 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 01/15/2006 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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. 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 45-year-old male with a date of injury of 01/15/2006. His mechanism of injury was not included in the medical record. His relevant diagnoses included displaced intervertebral disc, post-laminectomy syndrome, and moderate stenosis. His past treatments have included transcutaneous electrical nerve stimulation (TENS) unit and H wave. His diagnostic studies were not included in the medical record. His surgical history included an L5-S1 fusion. The clinical note dated 11/04/2014 indicates the injured worker has complaints of ongoing low back pain. His physical exam findings included lumbar range of motion, forward flexion is 45 degrees and extension is 10 degrees with complaints of stiffness and discomfort at extremes of motions. The motor and sensory examinations of the lower extremities are normal. Deep tendon reflexes are 1 to 2+ bilaterally. His medication included Soma 350 mg, Norco 10/325 mg. His treatment plan included pain medication. The rationale for the request was not included in the medical record. The request for authorization form is included signed and dated 11/04/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90 with 2 refills # 270: Upheld

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

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

Decision rationale: The request for Soma 350 mg, #90 with 2 refills # 270 is not medically necessary. The injured worker has a history of post laminectomy syndrome with moderate stenosis and chronic lower back pain that he rates at an 8/10 to 9/10. With medication he states the pain reduces to a 4/10. The California MTUS Guidelines state that Soma is not recommended. The medication is not indicated for long term use. The medical record indicates that injured worker may have been taking Soma since 04/13/2011. There are no indications of urine drug screens in the medical record. The request does not include the route, time or dose of the medication. As the injured worker has been prescribed Soma for a long term, and the guidelines state that this medication is not indicated for long term use, therefore, the request for Soma 350 mg, #90 with 2 refills #270 is not medically necessary.

Norco 10/325mg, with 2 refills # 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic pain Page(s): 80-81.

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

Decision rationale: The request for Norco 10/325mg, with 2 refills # 360 is not medically necessary. The injured worker has a history of post laminectomy syndrome with moderate stenosis and chronic lower back pain that he rates at an 8/10 to 9/10. With medication he states the pain reduces to a 4/10. The California MTUS Guidelines state 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 non-adherent) 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The request does not include the route, time or dose of the medication; use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The medical record indicates that injured worker may have been prescribed Norco as far back as 04/13/2011. . There are no indications of urine drug screens in the medical record. Therefore, the request for Norco 10/325mg, with 2 refills # 360 is not medically necessary.