MAXIMUS Federal Services

Case Number:	CM14-0200889		
Date Assigned:	12/11/2014	Date of Injury:	07/13/2007
Decision Date:	01/30/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular 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:

This 45 year old female sustained an injury on July 13, 2007. The mechanism of injury was not included in the provided medical records. Past treatment included anti-epilepsy, anti-inflammatory, muscle relaxant, pain, and sleep medications, and epidural injections. Current medications included a muscle relaxant, pain, and an anti-hypertensive. The muscle relaxant and pain medications used previously were different from those currently in use. On October 21, 2014, the primary treating physician noted bilateral lower back pain with radiation to the left buttock, to the posterior thigh, and to the left calf and foot. The physical exam revealed limited knee and lumbar range of motion, lumbar extension was more painful than flexion. Tenderness to palpation of the paraspinals muscles of the lumbar spine over the bilateral L4- S1 (lumbar 4-sacral 1) facet joints, and the left pyriformis. The lumbar and sacroiliac joint provocative maneuvers were positive. There was a positive left straight leg raise, positive Lasegue's sign, positive sitting root signs, and decreased muscle stretch reflex of the left lower extremity. Bilateral absent sign's included clonus, Babinski's, and Hoffman's. There was mild decreased strength in the left lower leg muscles and a mild left foot drop with an antalgic gait. Diagnoses were left pyriformis muscle syndrome, central disc protrusion at L5-S1 that touches the S1 nerve root, S1 radiculopathy, status post radiofrequency nerve ablation (neurotomy/rhizotomy) of the bilateral L4-5 and bilateral L5-S1 facet joints, bilateral lumbar facet joints at L4-5 and L5-S1 as diagnosed by a bilateral L4-5 and bilateral L5-S1 facet joint medical branch block, lumbar facet joint arthropathy L4-S1, right paracentral disc protrusion with annular disc tear at L5-S1, central disc protrusion at L4-L5, hypertension, and migraine headaches. The physician recommended proceeding with an approved transforaminal epidural steroid injection, awaiting appeal response for anti-epilepsy and steroid medications, continuing her pain and muscle relaxant medications, and follow up after the epidural steroid injection to reassess her clinical process. The physician

noted the pain medication improved her pain by 65% with 65% improvement in activities of daily living, and the muscle relaxant improved her muscle spasms by 75% with 75% improvement in activities of daily living. Current work status is full-time with modified duties. On October 23, 2014 the injured worker underwent a lumbar transforaminal epidural steroid injection. The result of the injection is not included in the provided medical records.On November 7, 2014, Utilization Review non-certified a prescription for Soma 350mg 1 tab po (by mouth) QID (four times a day) prn (as needed) for pain #120 and a prescription for Norco 10/325mg 1 tab po (by mouth) every five hours prn for pain #160 requested on October 31, 2014. The Soma was non-certified based on the medication is not recommended for long-term use. The medical record does not provide clear documentation of how long the injured worker has been on Soma and whether there was any functional improvement with its use. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain) was cited. The Norco was non-certified based on the lack of documentation of objective functional improvement and decreased pain with the use of Norco. Additionally, due to its potential for abuse the combined use of Soma and Norco is not recommended. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines for Opioids, specific drug list; Opioids, criteria for use, and Opioids, dosing were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab po QID PRN pain #120, refill: 0: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma without clear evidence of spasm or exacerbation of back pain. There is no justification for prolonged use of Soma. The request for SOMA 350 mg is not medically necessary.

Norco 10/325mg 1 tab po every 5 hours PRN pain #150, refill: 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:"(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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."According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since for a long time without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg is not medically necessary.