

Case Number:	CM14-0202580		
Date Assigned:	12/15/2014	Date of Injury:	12/08/2006
Decision Date:	03/20/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old male, who sustained an industrial injury on 12/8/2006. On 12/3/14, the injured worker submitted an application for IMR for review of Soma 350mg #60, and Norco 10/325mg #90. The treating provider has reported the injured worker complained of increased neck and back pain with most of the pain in his back and lower extremities. Spasms in the neck and back can be severe at times. The pain score was rated at 7-8/10 on a 0 to 10 scale. The diagnoses have included cervical stenosis, lumbar radiculopathy, lumbar stenosis, status post left L4-5 and L5-S1 laminectomy, status post ACDF C3-4 and C4-5 and status post ACDF C5-6 and C6-7 with hardware later removed. Treatment to date has included status post removal of hardware C5-6 and C6-7 (7/12/2007) with extension of fusion to C3-4 and C4-5 (8/9/12), status post micro-lumbar decompression at L4-5 and L5-S1 (2/23/2010), epidural steroid injections, status post anterior cervical discectomy and fusion C3-C4, C4-C5, C5-C6 and C6-C7. The 4/1/2013 EMG/NCV of the lower extremities did not show significant finding. The 2013 MRI of the lumbar spine showed post surgery changes. The 2014 MRI of the cervical spine showed post-surgery changes and degenerative disc disease. The patient is also utilizing gabapentin, Naproxen and Prilosec. On 11/20/14 Utilization Review non-certified Soma 350mg #60, and Norco 10/325mg #90. The MTUS - Chronic Pain Medical Treatment Guidelines and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants be limited to short term periods during exacerbation of severe musculoskeletal pain. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction to with opioids and sedatives. The use of Soma is associated the increased incidence of sedation and dependency because of metabolism to meprobamate, a centrally acting anesthetic. The records show that the patient had utilized Soma longer than the guidelines recommended period of 4 to 6 weeks. The criteria for the use of Soma 350mg #60 was not met.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. Opioids can also be utilized for maintenance treatment when other treatment options including non opioid medications, interventional pain injections and surgeries have been exhausted. The chronic use of opioid is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The guidelines require documentation of compliance monitoring such as UDS, absence of aberrant behavior and functional restoration during chronic opioid treatment. The record indicate that the patient is on chronic opioid treatment for many years. There is no documentation of guidelines required compliance monitoring including serial UDS reports, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 10/325mg #90 was not met.