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| Case Number: | CM14-0203229 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 09/01/1995 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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 Practice 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 is a 69 year old female who suffered a work related injury on 09/01/1995. The injured worker was diagnosed with lumbar spine radiculitis and is status post spinal cord stimulator implant. She was treated with medications, including Norco and Soma and epidural injection (most recent lumbar epidural injection: 2/3/14). On 7/2/14, a progress note by the requesting physician documents the worker's reported cramping in legs, and increasing leg pain in left leg intermittently since her last epidural injection months prior. She was recommended an increase in her Norco. Later, on 9/9/14, the worker reported an exacerbation of her low back pain with radiation to her lower extremities with pain level rated 6-7/10 with medications and 9-10/10 without medications as measured on the pain scale. The Utilization Review documents a report dated 11/12/2014, that Lyrica improves the neuropathic pain in her left foot, there is decreased lumber range of motion, and straight leg raise is positive. This document, however, was unavailable for this review. The treatment request is for Norco 10/325mg 1 tablet 3 times a day #90 and for Soma 350 mg 1 tablet 3 times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg 1 table 3 times a day #90: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a "second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects." Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that Carisoprodol specifically is not "recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse." Weaning may be necessary for patients using high doses of Carisoprodol. In the case of this worker, there was evidence of a flare-up of low back pain on 9/9/14, however, there was a follow-up after this date, and no progress note was provided for the reviewer. Regardless, the intention with the request for Soma seemed to be to continue the chronic use and not for a short-term flare-up (request for 90 pills), and this is not recommended use of this type of medication. Therefore, the Soma is not medically necessary.

Norco 10/325mg 1 tablet 3 times a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for "moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids." Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this complete review took place at the office visits regarding her Norco use, and particularly the lack of evidence for functional improvement with the continual Norco use. Also, there was no report on the pain reduction since increasing the Norco dose per day. Therefore, the Norco, based on the evidence provided for review, is not medically necessary.