

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0203622 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 07/01/2010 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Internal Medicine and is licensed to practice in California. 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 patient is an injured worker with a history of lumbago, lumbosacral neuritis, lumbar intervertebral disc disorder, lumbar disc herniation, lumbar radiculitis, lumbosacral strain, and lumbosacral disc ruptures. The date of injury was on July 1, 2010. Mechanism of injury was lifting. Epidural injections were performed in 2011 and 2012. Nucleoplasty was performed April 2012. The primary treating physician's progress report dated November 4, 2014 documented that the patient had lower back pain and used Norco to control his pain. The patient was considering spine surgery. The patient was walking two miles a day which caused a relapse in his back pain. Physical examination demonstrated lumbosacral tenderness. Diagnoses were lumbago, lumbosacral neuritis, and lumbar intervertebral disc disorder. The patient was prescribed Norco 10/325 mg, Anaprox, and Soma. Urine drug screen dated November 4, 2014 was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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, Hydrocodone/Acetaminophen Page(s): 74-96, 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The primary treating physician's progress report dated November 4, 2014 documented that the patient had lower back pain and used Norco to control his pain. The patient was considering spine surgery. The patient was prescribed Norco 10/325 mg. Urine drug screen dated November 4, 2014 was consistent. Medical records document objective evidence of pathology. Activities of daily living were addressed in the medical records. No adverse side effects were reported. Medical records document regular physician clinical evaluations. The request for Norco 10/325 mg is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 10/325mg #120 is medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants Page(s): 29, 63-65.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Medical records indicate the long-term use of Soma (Carisoprodol), which is not supported by MTUS guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS Chronic Pain Medical Treatment Guidelines state that Soma (Carisoprodol) is not recommended. MTUS and ACOEM guidelines do not support the use of Soma (Carisoprodol). Therefore, the request for Soma 350mg #60 is not medically necessary.

