

Case Number:	CM14-0204211		
Date Assigned:	12/16/2014	Date of Injury:	04/28/2013
Decision Date:	02/03/2015	UR Denial Date:	12/04/2014
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 Emergency Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 injured worker is a 27 year-old male, who sustained an injury on April 28, 2013. The mechanism of injury is not noted. Diagnostics have included: March 19, 2014 lumbar spine MRI. Treatments have included: medications, lumbar epidural injection, physical therapy. The current diagnoses are: lumbar stenosis, lumbar disc disease, L4-5 herniated disc. The stated purpose of the request for Norco 10/325mg #180 was for pain. The request for Norco 10/325mg #180 was modified for QTY # 150 on December 4, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Soma 350mg #30 was for muscle spasms. The request for Soma 350mg #30 was denied on December 4, 2014, citing a lack of documentation of functional improvement. Per the report dated November 18, 2014 the treating physician noted complaints of low back and leg pain. Exam showed restricted lumbar range of motion with spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-80; 80-82.

Decision rationale: The requested Norco 10/325mg #180 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has of low back and leg pain. The treating physician has documented restricted lumbar range of motion with spasm. The treating physician has not documented Visual Analog Scale (VAS) pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit, such as improvements in activities of daily living, reduced work restrictions or decreased reliance on neither medical intervention nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, the request for Norco 10/325mg #180 is not medically necessary.

Soma 350mg #30: 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, Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: The requested Soma 350mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, page 29, specifically do not recommend this muscle relaxant. In addition, Muscle Relaxants, pages 63-66 do not recommend muscle relaxants as more efficacious than non-steroidal anti-inflammatory drugs (NSAIDs) and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has of low back and leg pain. The treating physician has documented restricted lumbar range of motion with spasm. The treating physician has not documented intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, this request for Soma 350mg #30 is not medically necessary.