

Case Number:	CM14-0205698		
Date Assigned:	01/29/2015	Date of Injury:	07/01/2010
Decision Date:	03/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/09/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 38-year-old male with an original industrial injury on July 1, 2010. The mechanism of injury occurred when lifting a heavy, and the patient develop chronic low back pain. On physician's progress report dated 09/19/2014 he was noted to have lower back pain and sharp pain in hip & back. Diagnoses noted as status post 2 level fusion and status post infection with hardwell removal, and chronic lower back pain. Medication was noted as Norco, Ambien and Soma. The injured worker underwent an electromyogram (EMG) and nerve conduction study (NCS) on 08/05/2014. The EMG revealed a mildly abnormal EMG, which was consistent with an active right L5 radiculopathy. The NCS revealed decreased amplitude of the right posterior tibial nerve may be the right L5 radiculopathy. The treatment plan included an x-ray of lumbar spine, medication and follow up on one month. The injured worker was noted to remain off work. The injured worker underwent an x-ray of the lumbar spine on 10/10/2014 which revealed L3-L4 disc with degenerative narrowing. The request for authorization dated 10/23/2014 requested the following medication: Norco 10/325mg QTY #96 1 PO every 8 hours PRN for pain, Ambien 10mg QTY #30 PO HS and Soma 350mg QTY #30 PO Q 8 hours. This review has two Utilization Reviews (UR) dated 11/07/2014. The first UR modified the request for Soma Tab 350mg Q8 #30 for weaning to off over next two months. The reviewing physician referred to CA MTUS Guidelines: Chronic Pain Medical Treatment Guidelines for recommendations. The second UR modified the request for Norco Tab 10/325mg Q8 #95 for weaning to off over next three months. The original request was not clearly stated on either one

of the UR's mentioned. The reviewing physician referred to CA MTUS Guidelines: Chronic Pain Medical Treatment Guidelines and ACOEM for recommendations as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10/325mg Q8, #95: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): (s) 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): (s) 78, 80-81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria for Ongoing treatment Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 nonadherent) 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 for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. While pain relief was documented, improvement in function was not clearly outlined. Serial progress notes were reviewed including notes from May 7, 2014, June 11, 2014, August 4, 2014, October 13, 2014, and additional notes. There was no documentation of any improvement in function or reduction in work restrictions in any of these notes. Thus, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Soma Tab 350mg Q8 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

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

Decision rationale: Regarding the request for Carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the

documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The utilization reviewer had a peer discussion with the prescribing doctor, and chronic use of this medication was noted by the reviewer. Given this, the currently requested Carisoprodol (Soma) is not medically necessary.