

Case Number:	CM14-0206586		
Date Assigned:	12/18/2014	Date of Injury:	07/06/2002
Decision Date:	02/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 a 56 year old male with an injury date of 07/06/02. Based on the 09/30/14 progress report provided by treating physician, the patient complains of low back pain. Per QME report dated 02/23/13, patient has "diabetes mellitus diagnosed 1992 with bilateral lower extremity diabetic neuropathy involving both feet, diagnosed in 2007." Physical examination on 09/30/14 revealed tenderness in the lumbar area and movement restricted in all directions. Patient's medications include Norco, Carisoprodol, Anaprox, Celexa, Seroquel, Lisinopril and Wellbutrin. Norco and Carisoprodol have been prescribed in progress reports dated 04/15/14 and 09/30/14. Per progress report dated 06/10/14, treater states patient "shows fair analgesia with no negative side effects. He has demonstrated no aberrant behavior prescribing behaviors. Appropriate refills are provided for him. He is completing his tasks of daily living with little side effects from the medications. He is reporting no medical setbacks." Urine drug screen dated 06/10/14 showed consistent results. Per QME report dated 02/23/13, the patient reached the point of maximal medical benefit on 01/30/13 and is permanent and stationary. Diagnosis 04/15/14, 06/10/14, 09/30/14- disc degeneration lumbar lumbosacral- pain lumbago low back pain- radiculopathy lumbar- numbness paresthesia of skin The utilization review determination being challenged is dated 12/05/14. Treatment reports were provided from 02/23/13 - 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request for Norco 10/325 mg #120 with dos of 9/30/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain. The request is for retro request for Norco 10/325mg #120 with dos for 09/30/14. Per QME report dated 02/23/13, patient has "diabetes mellitus diagnosed 1992 with bilateral lower extremity diabetic neuropathy involving both feet, diagnosed in 2007." Patient's diagnosis on 09/30/14 included lumbar/lumbosacral disc degeneration and lumbar radiculopathy. Patient's medications include Norco, Carisoprodol, Anaprox, Celexa, Seroquel, Lisinopril and Wellbutrin. Norco and Carisoprodol have been prescribed in progress reports dated 04/15/14 and 09/30/14. Urine drug screen dated 06/10/14 showed consistent results. Per QME report dated 02/23/13, the patient reached the point of maximal medical benefit on 01/30/13 and is permanent and stationary. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 06/10/14, treater states patient "shows fair analgesia with no negative side effects. He has demonstrated no aberrant behavior prescribing behaviors. Appropriate refills are provided for him. He is completing his tasks of daily living with little side effects from the medications. He is reporting no medical setbacks." Treater report dated 09/30/14 states patient "is stable on his dosing and he is not needing any changes." However, treater has not appropriately addressed the 4A's as required by MTUS. There are no "pain assessment" or outcome measures discussed in reports. Treater has not stated how Norco significantly improves patient's activities of daily living with specific examples that would warrant continued use of this medication per guideline indications. There are no CURES or opioid pain contracts, either. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Retro request for Carisoprodol oral tablet 350 mg #90 with a dos 9/30/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants: Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 63-.

Decision rationale: The patient presents with low back pain. The request is for retro request for Carisoprodol - (soma) oral tablet 350mg #90 with a dos 09/30/14. Per QME report dated 02/23/13, patient has "diabetes mellitus diagnosed 1992 with bilateral lower extremity diabetic neuropathy involving both feet, diagnosed in 2007." Patient's diagnosis on 09/30/14 included lumbar/lumbosacral disc degeneration and lumbar radiculopathy. Patient's medications include Norco, Carisoprodol, Anaprox, Celexa, Seroquel, Lisinopril and Wellbutrin. Norco and

Carisoprodol have been prescribed in progress reports dated 04/15/14 and 09/30/14. Per QME report dated 02/23/13, the patient reached the point of maximal medical benefit on 01/30/13 and is permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per progress report dated 06/10/14, treater states patient "shows fair analgesia with no negative side effects. He has demonstrated no aberrant behavior prescribing behaviors. Appropriate refills are provided for him. He is completing his tasks of daily living with little side effects from the medications. He is reporting no medical setbacks." Treater report dated 09/30/14 states patient "is stable on his dosing and he is not needing any changes." MTUS recommends Carisoprodol only for a short period. Carisoprodol was prescribed at least for 4 months from per progress reports dated 04/15/14 and 09/30/14. Furthermore, the request for a quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.