

Case Number:	CM14-0206882		
Date Assigned:	12/18/2014	Date of Injury:	05/23/2008
Decision Date:	02/13/2015	UR Denial Date:	11/14/2014
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 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 66-year old male with date of injury 5/23/08. The treating physician report dated 10/30/14 (43) indicates that the patient presents with pain affecting his lower back. The physical examination findings reveal complaints of low back pain and intermittent left leg pain. Pain is aggravated with walking. There is constant numbness in the left leg. Prior treatment history includes Medication usage including Morphine sulfate ER, Hydrocodone-Acetaminophen, Carisoprodol, Lisinopril, Atorvastain Calcium, Spiriva HandiHaler, Aspirin EC, Symblocort, ProAir and Ambien. Surgical history includes instrumentation removal, decompression 2012, L4-5 and L5-S1 lumbar fusion 9/2010, L3-4 fusion 8/2005. Imaging studies are not discussed. The current diagnoses are: -Spondylosis, lumbosacral-Chronic radicular low back painThe utilization review report dated 11/14/14 (30) denied the request for Soma 350 mg QTY 80 with 2 refills based upon MTUS and modified the request for Norco 10/325 mg QTY: 80 with two refills to Norco 10/325 mg QTY 60 based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #240, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: The patient presents with pain affecting his lower back. The current request is for Soma 350 mg QTY: 80 with 2 refills. The treating physician report dated 10/30/14 (43) states, the patient "complains of low back pain and intermittent left leg pain. Pain is aggravated with walking. There is constant numbness in the left leg." The MTUS guidelines define Soma (Carisoprodol) as a muscle relaxer that works by blocking pain sensations between the nerves and the brain. The MTUS page 29 states for Carisoprodol (Soma), "Not recommended. This medication is not indicated for long-term use." The MTUS guidelines pages 63-66 state, "Muscle relaxants (for pain) Carisoprodol (Soma), neither of these formulations is recommended for longer than a 2 to 3 week period." The records indicate this patient has been taking this medication since at least 9/17/14 (49); therefore, the request is not medically necessary.

Norco 10/325g #180, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids from Chronic Pain Page(s): 78, 88-89.

Decision rationale: For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, there is no before and after pain scales, no discussion regarding ADLs or functional improvements and there is no documentation of side effects or aberrant behaviors. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.