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| Case Number: | CM14-0208434 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 04/19/2010 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/22/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male, with a reported date of injury of 04/19/2010. The result of the injury was low back pain. The current diagnoses include lumbosacral musculoligamentous sprain/strain; status post laminectomy; and radicular pain down the left lower extremity. The past diagnoses include lumbosacral musculoligamentous sprain/strain; status post laminectomy; and radicular pain down the left lower extremity. Treatments have included pain medications. Documentation indicated that acupuncture was ordered, but there is no evidence that acupuncture treatment has started. The progress report (PR-2) dated 11/03/2014 indicates that the injured worker had persistent pain in the low back, and he rated his pain 6-7 out of 10. The pain remained the same since his last visit. The pain was made better with rest and medication, and was made worse with activities. An examination of the low back showed decreased range of motion; tenderness over the paraspinals; hypertonicity over the bilateral paraspinals; decreased strength and sensation on the left at L4, L5, and S1; and normal strength and sensation on the right L4, L5, and S1. The treating physician wrote a prescription for Norco for pain, and Soma for spasms. The urine toxicology screening reports were not included in the medical records provided for review. On 11/22/2014, Utilization Review (UR) modified the request for Norco 10/325mg #60 to Norco 10/325mg #40, and denied the request for Soma 350mg #60. The UR physician noted that gradual weaning of opioids is recommended for long-term users, and the injured worker had been using opioids since 04/2013. The UR physician also noted that Soma is not recommended for chronic pain or long-term use. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management. Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, page 78, discusses the 4 A's of opioid management, emphasizing the need for ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, and documentation of analgesia, activities of daily living, adverse side effects, and adverse drug-taking behaviors. The medical records do not contain such details. Particularly of note, the records do not clearly indicate functional goals or functional benefit to support an indication or need for ongoing opioid treatment. Thus, the guidelines do not support this request. This request is not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol/Soma. Page(s): 28.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on carisoprodol/Soma, page 29, state that this medication is not indicated for long-term use. Concern is given in particular regarding concurrent use of this medication with hydrocodone, as is being prescribed in this current case. Overall, the medical records and guidelines do not provide a rationale for chronic or ongoing use of Soma. This request is not medically necessary.