

Case Number:	CM15-0005310		
Date Assigned:	01/16/2015	Date of Injury:	12/08/2006
Decision Date:	03/10/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 47 year old male, who sustained an industrial injury on December 8, 2006. The injured worker has reported neck and back pain. The diagnoses have included cervical stenosis, lumbar radiculopathy and lumbar stenosis. Treatment to date has included pain medication, lumbar epidural steroid injections, electromyography of the lower extremities and several surgeries. The injured worker underwent a microlumbar decompression bilaterally at the lumbar four through sacral-one levels in 2010, extension of a cervical fusion to cervical three through cervical five levels in 2012 and a removal of hardware to cervical five through cervical seven in 2012. Current documentation dated November 7, 2014 notes that the injured worker reported neck and low back pain rated at a seven-eight on the Visual Analogue Scale. Associated symptoms include bilateral lower extremity numbness and tingling and pain intermittently in his feet. He also reported cervical cracking and grinding with movement and occasional numbness and tingling of the left arm. Physical examination revealed tenderness to palpation to the cervical and lumbar spine with spasms. Range of motion of the lumbar and cervical spine was limited due to pain. Straight leg raise on the left caused increased back pain. On December 31, 2014 Utilization Review non-certified a request for Soma 350 mg and Norco 10/325 mg. The MTUS, Chronic Pain Medical Treatment Guidelines were cited. On January 9, 2015, the injured worker submitted an application for IMR for review of Soma 350 mg and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: This 47 year old male has complained of neck and low back pain since date of injury 12/8/2006. He has been treated with cervical spine surgery, lumbar spine surgery, physical therapy, epidural steroid injections, and medications to include Soma since at least 11/2014. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 47 year old male has complained of neck and low back pain since date of injury 12/8/2006. He has been treated with cervical spine surgery, lumbar spine surgery, physical therapy, epidural steroid injections, and medications to include Norco since at least 11/2014. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.