

Case Number:	CM15-0006297		
Date Assigned:	01/26/2015	Date of Injury:	01/18/2001
Decision Date:	03/19/2015	UR Denial Date:	12/21/2014
Priority:	Standard	Application Received:	01/12/2015

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: 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 43 year old male, who sustained an industrial injury on 01/18/2001. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with lumbar laminectomy and discectomy times two at lumbar five to sacral one, recurring disc herniation entrapping the left sacral nerve root, low back pain, and radicular symptoms. Treatment and diagnostic studies to date has included water therapy, above listed surgical procedures, urine drug screens, epidural injections, and medication history of Norco, Soma, and Naprosyn. Currently, the injured worker complains of constant back pain with muscle spasm that radiates to the left leg with a heavy, numb sensation that is rated a ten out of ten without medications and a four out of ten with medications. The treating physician requested the prescriptions of Norco for pain and Soma for back spasms. On 12/21/2014 Utilization Review modified the prescriptions for Norco 10/325mg with a quantity of 240 to Norco 10/325mg with a quantity of 180 and Soma 350mg with a quantity 60 to Soma 350mg with a quantity of 15 between 12/01/2014 and 02/16/2015, noting the California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #240: 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 and Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Soma 350 mg #60: Upheld

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

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

Decision rationale: MTUS does not recommend use of Carisoprodol (Soma), particularly for long-term use or in combination with hydrocodone or other opioids. This medication has abuse potential for sedative and relaxant effects; abuse has also been noted in order to augment or alter effects of other drugs. MTUS recommends other first-line medications rather than Soma for pain or muscle spasm. The records do not provide an alternate rationale to support this request. This medication is not medically necessary.