MAXIMUS Federal Services

Case Number:	CM15-0008494		
Date Assigned:	01/23/2015	Date of Injury:	12/19/2013
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: 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 33 year old male, who sustained an industrial injury on 12/19/2013. The diagnoses have included cervical and lumbosacral pain. Treatments to date have included chiropractic therapy, physical therapy, and medications. Diagnostics to date have included lumbar spine x-rays in which no abnormalities were noted. In a progress note dated 10/17/2014, the injured worker presented with complaints of neck and low back pain. The treating physician reported that the injured worker takes Voltaren, Tramadol, and for one months has been prescribed hydrocodone, which the injured worker is noted to take approximately 3 to perhaps 4 per week. Utilization Review determination on 01/08/2015 non-certified the request for Norco 5/325mg #60 and Soma 350mg #60 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 33 year old patient presents with neck and low back pain, rated at 9/10 without medications and 7/10 with medications, as per progress report dated 08/22/14. The request is for NORCO 5/325 mg # 60. There is no RFA for this case, and the patient's date of injury is 12/19/13. Diagnoses, as per 08/22/14, include head injury, multiple contusions, cervical spine pain, headache, low back pain, lumbar strain and myalgia. Medications, as per progress report dated 8/22/14, include Tramadol and Diclofenac. The patient is not working, as per the same progress report. 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." MTUS page 78 also requires documentation of the 4As (analgesia, 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only two progress reports fated 08/22/14 and 07/28/14 have been provided for review. Tramadol is mentioned in both the progress reports. Hence, it is reasonable to assume that the patient has been using the opioid for several months. In the progress report dated 08/22/14, the treater states that the patient took two Tramadol pills during a flare-up that helped him and he also tolerated the the higher dose well. The report sates that the medications help reduce pain level from 9/10 to 7/10. Later in the same report, the treater states that the patient will try Tramadol ER and go back to two Tramadol if he cannot tolerate the new medication. The progress reports, however, do not use a validated scale to demonstrate a measurable increase in function due to Tramadol use. Although the treater states that the patient tolerates the medication well, no CURES and UDS reports have been provided for review. MTUS requires clear discussion about 4 As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS Not medically necessary.

Soma 350 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 33 year old patient presents with neck and low back pain, rated at 9/10 without medications and 7/10 with medications, as per progress report dated 08/22/14. The request is for SOMA 350 mg # 60. There is no RFA for this case, and the patient's date of injury is 12/19/13. Diagnoses, as per 08/22/14, include head injury, multiple contusions, cervical spine pain, headache, low back pain, lumbar strain and myalgia. Medications, as per progress report dated 8/22/14, include Tramadol and Diclofenac. The patient is not working, as per the same progress report. 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."In this case,only two

progress reports fated 08/22/14 and 07/28/14 have been provided for review, and both these reports do not document the use of Soma. It is not clear if this is the first request for the medication or if the patient has been using it in the past. The UR letter, however, states that the treater has "recommended continuing treatment including Soma." The progress reports, however, do not document any reduction in pain or improvement in function due to its use. Additionally, MTUS only recommends the use of this drug for 2 to 3 weeks, Hence, the request IS NOT medically necessary.