

Case Number:	CM15-0009940		
Date Assigned:	01/27/2015	Date of Injury:	05/27/2008
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 65- year old male, who sustained an industrial injury on May 27, 2008. He has reported low back pain. The diagnoses have included chronic pain syndrome, lumbosacral back pain, spinal enthesopathy, lumbar disc displacement, lumbosacral neuritis and lumbago. Treatment to date has included physical therapy, acupuncture, epidural steroid injections, pain medications, a home exercise program, a pain management consultation and regular physician follow up. Currently, the IW complains of chronic bilateral thigh pain, lumbosacral back pain, nausea/vomiting and decreased range of motion. Physical exam was remarkable for positive trigger points of the lumbar spine and gait symmetrical with bilateral thigh pain. On December 18, 2014, the Utilization Review decision non-certified a request for Norco 10/325mg count 60, Voltaren 75mg, three refills, Soma 350mg, count 60 with three refills and Ultram 80mg, count 120 with three refills. The decision modified the request to approve Norco 10/325mg, 45 count, Voltaren 75mg, count 60 with one refill, Soma 350mg, count 15 without refills. The decision reflected the Tramadol was approved. The Soma was modified based on this medication was indicated for short-term use. The Voltaren was modified because there was not clear indication for this medication. The MTUS, Chronic Pain Medical Treatment Guidelines were cited. On January 16, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg count 60, Voltaren 75mg, 75mg, three refills, Soma 350mg, count 60 with three refills and Ultram 80mg, count 120 with three refills.

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 Page(s): (s) 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The injury was on 05/27/2008. He is also taking Tramadol, another opiate. MTUS guidelines note that there must be documented improved functionality with respect to activities of daily living or work, monitoring of analgesia, monitoring for adverse reactions and monitoring for drug seeking abnormal behavior for continued opiate treatment. The documentation provided for review does not meet these criteria.

Voltaren 75mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67- 69.

Decision rationale: The patient is 65 years old and the injury was on 05/27/2008. NSAIDS are associated with an increased risk of GI bleeding, cardiovascular disease and renal disease. They also decrease healing of soft tissue injuries. Because of this, MTUS guidelines note that NSAIDS should be used in the lowest dose for the least amount of time. Voltaren continued long term use is not consistent with MTUS guidelines and is not medically necessary.

Soma 350mg, #60 with 3 refills: Upheld

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

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

Decision rationale: MTUS guidelines specifically mention Carisoprodol (Soma) on page 29 as not recommended because a metabolite is Meprobamate which is a controlled substance. Long term treatment with muscle relaxants is also not consistent with MTUS guidelines. Soma is not medically necessary for this patient.