

Case Number:	CM15-0100336		
Date Assigned:	07/17/2015	Date of Injury:	04/19/2010
Decision Date:	09/11/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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, who sustained an industrial injury on April 19, 2010. The mechanism of injury was not found in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included lumbosacral disc degeneration status post decompression, lumbosacral musculoligamentous sprain-strain and radicular pain down the left lower extremity. Treatment and evaluation to date has included medications, radiological studies, physical therapy, acupuncture treatments and lumbar spine surgery. The injured worker was currently working without restrictions. Current documentation dated April 13, 2015 notes that the injured worker reported persistent low back pain with radiation down both lower extremities, rated a 5-6/10 on the visual analogue scale. The pain was noted to be frequent and worsening. The injured worker was noted to be taking Norco, which helped decrease the pain from a 6/10 down to a 3/10. Examination of the lumbar spine revealed tenderness over the midline and a limited range of motion due to pain. The injured worker also had hypertonicity over the paraspinal musculature. Documentation dated February 16, 2015 notes that the injured worker continued to have residual pain and radicular symptoms post-laminectomy and therefore continues to take Norco for pain. The Norco allowed the injured worker to perform activities of daily living, ambulate for longer periods of time and to work without restrictions. The treating physician's plan of care included requests for Norco 10/325 mg # 60 and Soma 350 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines "discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." Norco has been prescribed for this injured worker since November 2014. The injured worker was noted to have persistent residual low back pain with radicular symptoms, post-laminectomy surgery. Documentation dated 4/13/2015 noted that the injured worker was taking Norco with a 50% decreased in pain. The Norco allowed the injured worker to perform activities of daily living, ambulate longer distances and to work without restrictions. Therefore, the injured workers quality of life is improved with the use of Norco. The request for Norco is medically necessary.

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol), Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Soma (Carisoprodol) Page(s): 63, 65.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Soma (carisoprodol) is not recommended and not indicated for long-term use. "Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety." Carisoprodol is not recommended for more than 2-3 weeks. According to the documentation, the injured worker had been on Soma for months and the quantity prescribed implies consistent, not episodic use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Documentation dated 3/12/2015 notes that there was an increase in dosage of the prescribed Soma from every 12 hours to every 8 hours as needed. There was also lack of documentation of acute exacerbation of pain. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. The request for Soma 350 mg #60 is not medically necessary.

