

Case Number:	CM15-0104970		
Date Assigned:	06/10/2015	Date of Injury:	09/09/2008
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male sustained an industrial injury to the neck and back on 9/9/08. Previous treatment included magnetic resonance imaging, lumbar surgery (2013) and medications. Magnetic resonance imaging lumbar spine (10/9/11) showed multilevel disc bulges with annular tear and nerve root compression. In a comprehensive orthopedic evaluation dated 3/11/15, the injured worker complained of severe, stabbing sharp pain from the neck and low back with radiation into bilateral legs associated with numbness and weakness. The injured worker was diagnosed with status post lumbar surgery, persistent lumbar radiculopathy and cervical myofascial pain, rule out cervical discogenic injury. The physician prescribed Xanax, Norco and Viagra. In an orthopedic follow up consultation dated 4/14/15, the injured worker complained of low back pain rated 8/10 on the visual analog scale with bilateral lower extremities symptoms and 6/10 cervical spine pain with intermittent upper extremity symptoms. The physician noted that current medications included Norco and Soma. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature with spasms, decreased range of motion, positive bilateral straight leg raise and diminished sensation at the L5 and S1 distributions. The treatment plan included requesting previous magnetic resonance imaging results, obtaining electromyography/nerve conduction velocity test of bilateral lower extremities and a prescription for Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in September 2008. He continues to be treated for neck and low back pain with upper and lower extremity radicular symptoms. When seen, pain was rated at 6-8/10. There was lumbar paraspinal muscle tenderness and muscle spasms with decreased cervical and lumbar spine range of motion. Medications include Soma and hydrocodone at a total MED (morphine equivalent dose) of 20 mg per day. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.

Hydrocodone 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2008. He continues to be treated for neck and low back pain with upper and lower extremity radicular symptoms. When seen, pain was rated at 6-8/10. There was lumbar paraspinal muscle tenderness and muscle spasms with decreased cervical and lumbar spine range of motion. Medications include Soma and hydrocodone at a total MED (morphine equivalent dose) of 20 mg per day. Hydrocodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of hydrocone was not medically necessary.