

Case Number:	CM15-0012538		
Date Assigned:	03/26/2015	Date of Injury:	10/27/2010
Decision Date:	05/22/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/21/2015

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 50 year old male who sustained an industrial injury on 10/27/2010. Diagnoses include lumbar/lumbosacral disc degeneration, lumbosacral neuritis and post laminectomy syndrome-lumbar. Treatment to date has included surgery, medications, physical therapy, aqua therapy, psychiatric treatment, spinal cord stimulator, and lumbar epidural steroid injections. A physician progress note dated 11/18/2014 documents the injured worker has increased pain since the injured worker was started on Tramadol and Norco was stopped. He is in moderate to severe pain. Pain shoots down his left leg and is dull, sharp, throbbing, and numbness and tingling is noted. He has decreased range of motion of the lumbar spine with flexion and extension. Tramadol will be stopped. Treatment requested is for retrospective request for Norco 10/325mg #120 DOS: 11/18/14, and retrospective request for Soma 350mg #60 DOS: 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325 mg #120 DOS: 11/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications Page(s): 77-80, 91 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for retrospective Norco 10/325 mg #120 DOS 11/18/14. The request for authorization is dated 11/18/14. The pain shoots down his left leg and is dull, sharp, throbbing, numbness and tingling is noted. Decreased range of motion of lumbar spine. Positive straight leg raise in the left lower extremity. The patient has had sessions of physical therapy. The patient's medications include Norco, Tramadol and Soma. The patient is on modified work duty. 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 page 90 states that the maximum dose for Hydrocodone is 60 mg/day. The provider does not specifically discuss this medication. The patient is prescribed Norco since at least 04/08/14. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, the provider does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Retrospective request for Soma 350 mg #60 DOS: 11/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

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

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for retrospective Soma 350 mg #60 DOS 11/18/14. The request for authorization is dated 11/18/14. The pain shoots down his left leg and is dull, sharp, throbbing, numbness and tingling is noted. Decreased range of motion of lumbar spine. Positive straight leg raise in the left lower extremity. The patient has had sessions of physical therapy. The patient's medications include Norco, Tramadol and Soma. The patient is on modified work duty. 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." Abuse has been noted for sedative and relaxant effects. The provider does not specifically discuss this medication. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient is prescribed Soma since at least 04/08/14. Furthermore, the request for additional Soma quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.