

Case Number:	CM15-0134017		
Date Assigned:	07/22/2015	Date of Injury:	01/30/2002
Decision Date:	08/18/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/10/2015

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:

The injured worker was a 64-year-old male, who sustained an industrial injury, January 30, 2002. The injured worker previously received the following treatments physical therapy, Ambien, Soma, Norco, Metformin, Aspirin, Glipizide, Plavix and Quinapril and lumbar spine MRI which showed L1-L2 spondylosis, L2-L3 posterior spondylosis with moderate central spinal stenosis, L3-L4 posterior spondylosis there was moderate central stenosis at L4-L5 and L5-S1 impression moderate central spinal stenosis at L2-L3 and L3-L4 status post fusion. The injured worker was diagnosed with lumbar fusion of L4-S1, lumbar disc disorder, Post lumbar laminectomy Syndrome, thoracic or lumbosacral neuritis or radiculitis not otherwise specified. According to progress note of May 20, 2015, the injured worker's chief complaint was pain along the lower back with radiation into both legs, with radiation in the right leg at this visit. The injured worker pain level fluctuated depending on the activity level and the type of activity. The pain level at all times was 5 out of 10 with medications and 8 out of 10 without medications. The injured worker reported that without medications the injured was unable to function, decreased activity in and out of the home, mood and impairment of sleep. The injured worker reported that the pain was constantly burning, piercing and sharp. The injured worker complained of numbness, tingling and weakness. The physical exam there was paravertebral tenderness with spasms noted on the left side. The straight leg raises were positive on the left side in the sitting position at 30 degrees. The motor exam was grossly normal for the bilateral lower extremities. The sensory pin prick testing showed a slightly decrease at the L5 and S1 bilaterally. The ankle

jerk test was 1 out of 4 bilaterally. The patellar jerk was 1 out of 4 bilaterally. The treatment plan included prescription renewals for Soma and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 90 with two refills: Upheld

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

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 and continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 9.5/10 to 4.5/10 with improved function, mood, and activity level. When seen, his BMI was over 28. Assessments reference lumbar spinous process and left paraspinal muscle tenderness with positive left straight leg raising with decreased left lower extremity strength. Medications were refilled. Norco was prescribed at a total MED (morphine equivalent dose) of 80 mg per day. Soma was refilled and was being prescribed on a long-term basis. 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.

Norco 10/325mg quantity 240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 65-80, 86.

Decision rationale: The claimant has a remote history of a work injury and continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 9.5/10 to 4.5/10 with improved function, mood, and activity level. When seen, his BMI was over 28. Assessments reference lumbar spinous process and left paraspinal muscle tenderness with positive left straight leg raising with decreased left lower extremity strength. Medications were refilled. Norco was prescribed at a total MED (morphine equivalent dose) of 80 mg per day. Soma was refilled and was being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.