MAXIMUS Federal Services

Case Number:	CM15-0135000		
Date Assigned:	07/23/2015	Date of Injury:	07/12/2000
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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: Iowa
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 46-year-old male with an industrial injury dated 07/12/2000. The injured worker's diagnoses include cervical spine multiple disc bulges, lumbar spine multilevel disc bulges, osteoarthritis of left hip, thoracic sprain and thoracic spine disc bulges at T8-9. Treatment course consisted of urine toxicology screen dated 5/22/2015, prescribed medications, and periodic follow up visits. In a progress note dated 06/26/2015, the injured worker reported constant bilateral neck pain, left greater than right, radiating to his bilateral upper extremities with associated numbness and tingling. The injured worker rated neck pain an 8/10. The injured worker also reported constant pain in his bilateral left greater than right lower back radiating to his lumbar spine. The injured worker rated low back pain a 7/10. Objective findings revealed moderate cervical paraspinals tenderness with bilateral muscle guarding and limited cervical range of motion due to pain and spasms. Lumbar spine revealed moderate lumbar paraspinal tenderness with spasms bilaterally and limited lumbar range of motion due to pain and spasms. The treating physician requested Norco 10/325mg #120 and Soma 350mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74-96, 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Norco is an opioid class pain medication, brand name for hydrocodone/ acetaminophen. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. There is no evidence of failure of first-line therapy or an indicated diagnosis. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific functional improvement while on this medication. While the documentation does state that the patient states the pain medication helps, it also states the patient continues to have severe pain and decreased functional status. Therefore, the request for Norco 10/325 #120 is not medically necessary.

Soma 350mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antispasmodics, Muscle relaxants Page(s): 60-61, 63-66.

Decision rationale: Soma is a muscle relaxant class medication. According to MTUS guidelines, muscle relaxants are recommended for chronic pain for a short course of therapy for acute exacerbations. Muscle relaxants may be effective in reducing pain and muscle tension, but in most back pain cases, they show no benefit beyond NSAIDs. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include documentation improvement in function and increased activity. ODG also states that a short course of therapy is recommended, and that this medication should not be used with other agents. Both MTUS and ODG state that Carisoprodol is not recommended, due to the main effect of generalized sedation and treatment of anxiety and potential for abuse. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the short-term recommendation for treatment length. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific improvement while on this medication. The documentation indicates that the patient continues to have pain and decreased functional status with no improvement. The only potential indication is the documentation of muscle spasms, but it is unclear if these are acute in nature or if the medication is helping with these symptoms since they are still occurring despite ongoing therapy. The patient is also on other chronic pain medication, which is not recommended.

Therefore, the request for Soma 350 mg #60 with 3 refills is not medically necessary.