

Case Number:	CM15-0139213		
Date Assigned:	07/29/2015	Date of Injury:	11/14/2002
Decision Date:	09/23/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on 11/14/2002. The injured worker is currently not working, permanent, and stationary. The injured worker is currently diagnosed as having post-lumbar laminectomy syndrome, disorder of coccyx, and chronic back pain. Treatment and diagnostics to date has included lumbar epidural steroid injections and medications. In a progress note dated 06/18/2015, the injured worker presented with complaints of radiating back pain rated 8/10 on the pain scale and noted that the injured worker's pain is rated 10/10 without medications. Objective findings include an antalgic and slowed gait, restricted lumbar range of motion with tenderness on palpation, and mild tenderness to the cervical paraspinals, and decreased light touch to right lateral leg. The physician noted that a lumbar spine MRI dated 06/05/2015 showed bilateral L1-L2 foraminal protrusion with moderate right and mild left foraminal stenosis and extensive postoperative changes at L3-5 with posterolateral and intervertebral body fusion and evidence of previous laminectomy. The treating physician reported requesting authorization for Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing; Opioids, specific drug list, Hydrocodone/Acetaminophen.

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

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no documentation of any improvement in function.

Soma 350mg #90: Upheld

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

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

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Soma are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Soma is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. This worker has already been on Soma for at least several weeks and has chronic pain, therefore is not medically necessary.