

Case Number:	CM15-0140826		
Date Assigned:	07/30/2015	Date of Injury:	09/09/2003
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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 60 year old female, who sustained an industrial injury on September 9, 2003, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease and tendinitis of the hip. Treatment included pain medications, topical analgesic patches, muscle relaxants, and activity restrictions. Currently, the injured worker complained of increased low back pain due to prolonged bed rest due to an unrelated non-industrial infection and right buttock abscesses that required surgical interventions. She complained of muscle weakness and muscle aches, joint and back pain. The treatment plan that was requested for authorization included prescriptions for Carisoprodol and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: The patient presents on 07/02/15 with unrated lower back pain, exacerbated by recent prolonged bed rest due to unrelated infection in the right buttock which required surgical intervention. The patient's date of injury is 09/09/03. Patient is status post surgical drainage of right buttock abscess at a date unspecified. The request is for CARISPRODOL 350MG #120. The RFA is dated 07/07/15. Physical examination dated 07/02/15 does not include any positive physical findings, only an unremarkable review of systems and a noted antalgic gait. The patient is currently prescribed Carisprodol, Clonazepam, Norco, and Lidoderm patches. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisprodol states: "Not recommended. This medication is not indicated for long-term use. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol states: Neither of these formulations is recommended for longer than a 2 to 3 week period." In regard to Soma for this patient's chronic lower back pain and muscle spasms, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been taking Soma since at least 02/09/15. Guidelines do not support the use of this medication for periods longer than 2-3 weeks. The requested 120 tablets in addition to its use since 02/09/15 does not imply the intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.

Norco 10/325 #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89, 80, 81.

Decision rationale: The patient presents on 07/02/15 with unrated lower back pain, exacerbated by recent prolonged bed rest due to unrelated infection in the right buttock which required surgical intervention. The patient's date of injury is 09/09/03. Patient is status post surgical drainage of right buttock abscess at a date unspecified. The request is for NORCO 10/325 #240. The RFA is dated 07/07/15. Physical examination dated 07/02/15 does not include any positive physical findings, only an unremarkable review of systems and a noted antalgic gait. The patient is currently prescribed Carisprodol, Clonazepam, Norco, and Lidoderm patches. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids: Therapeutic Trial of Opioids, 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. In regard to the continuation of Norco for the management of this patient's chronic pain, the requesting physician has not provided adequate documentation of medication efficacy. This patient has been prescribed Norco since at least 02/09/15. Most recent progress note, dated 07/02/15

does not include documentation of analgesia or specific functional improvements attributed to Narcotic medications. It appears that the provider was in the midst of weaning this patient's medications prior to recent abscess surgeries. Addressing the reason for the request, the provider states: "I reviewed [REDACTED] plans for her to decrease reliance on opioid based medications. Unfortunately, this patient has had two surgeries recently for an unrelated non-industrial medical condition... She has been unable to reduce her pain medications. Agreed with continuing the current does of Norco and Soma but advise pt to begin self taper of both her Norco and Soma." There is evidence of prior UDS consistency, though the reports were not provided for review, and this provider does not note any aberrant behaviors. MTUS guidelines required documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a lack of aberrant behavior. In this case, no analgesia nor functional improvements are noted. More importantly, MTUS p80, 81 also states the following regarding narcotics for chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain per MTUS, stating, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is presumed to be maintained by continual injury resulting in nociceptive pain. The request IS NOT medically necessary and the patient should be slowly weaned off of this medication.