

Case Number:	CM15-0143546		
Date Assigned:	08/04/2015	Date of Injury:	06/04/1992
Decision Date:	09/01/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/23/2015

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 is a 45 year old male, who sustained an industrial injury on June 4, 1992. The injured worker was diagnosed as having lumbosacral radiculopathy with lower extremity weakness, failed back surgery syndrome, lumbar post-laminectomy syndrome, lumbar disc protrusion, lumbar stenosis and lumbar strain-sprain. Treatment to date has included multiple surgeries, therapy and medication. A progress note dated June 18, 2015 provides the injured worker complains of low back pain radiating to the left buttock and leg. Physical exam notes decreased painful lumbar range of motion (ROM). There is positive straight leg raise on the left and decreased strength of the left lower extremity. The plan includes Methadone, Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg Qty 450 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 86.

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

Decision rationale: The claimant has a remote history of a work injury occurring in June 1992 and continues to be treated for radiating back pain. When seen, there was decreased and painful lumbar spine range of motion with positive left straight leg raising. There was decreased left lower extremity strength. The claimant's BMI was over 30. Medications are referenced as decreasing pain by 80-90%. Medications were refilled including Soma and methadone and Norco at a total MED (morphine equivalent dose) of over 1800 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 15 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

Norco 10/325 mg Qty 150 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

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

Decision rationale: The claimant has a remote history of a work injury occurring in June 1992 and continues to be treated for radiating back pain. When seen, there was decreased and painful lumbar spine range of motion with positive left straight leg raising. There was decreased left lower extremity strength. The claimant's BMI was over 30. Medications are referenced as decreasing pain by 80-90%. Medications were refilled including Soma and methadone and Norco at a total MED (morphine equivalent dose) of over 1800 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 15 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

Soma 350 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29; 124.

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 occurring in June 1992 and continues to be treated for radiating back pain. When seen, there was decreased and painful lumbar spine range of motion with positive left straight leg raising. There was decreased left

lower extremity strength. The claimant's BMI was over 30. Medications are referenced as decreasing pain by 80-90%. Medications were refilled including Soma and methadone and Norco at a total MED (morphine equivalent dose) of over 1800 mg per day. 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.