MAXIMUS Federal Services

Case Number:	CM15-0160723		
Date Assigned:	08/27/2015	Date of Injury:	02/14/2006
Decision Date:	10/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California
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 56 year old male with an industrial injury dated 02-14-2006. The injured worker's diagnoses include cervical myospasms, cervical radiculopathy and neuritis (not otherwise specified), lumbar myospasms, lumbar neuritis and radiculitis, and status post 360 degree anterior lumbar interbody fusion at L4-5 and L5-S1 levels and questionable artificial disc replacement. Treatment consisted of Magnetic Resonance Imaging (MRI), X-rays, computed tomography scan, prescribed medications, 20 sessions of physical therapy, 8 session of chiropractic treatment, epidural steroid injection (ESI) x3, and periodic follow up visits. In a progress note dated 06-24-2015, the injured worker reported constant left sided low back pain, mid back pain, neck pain and left shoulder pain. Objective findings revealed tenderness over the paravertebral region and upper trapezius bilaterally, and restricted cervical range of motion due to pain. Lumbar spine exam revealed tenderness over the paravertebral region, spinous process and sacroiliac (SI) joints bilaterally; trigger points in bilateral paraspinal muscles, decreased strength, and restricted range of motion due to pain. The treatment plan consisted of diagnostic studies, physical therapy, consultation, medication management and follow up visit. The treating physician prescribed Norco 7.5-325 mg #30 and Soma 350 mg #30, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Soma 350 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.