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| Case Number: | CM15-0164571 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 11/02/2008 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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 58 year old male who sustained an industrial injury on 11-2-08 when he tried to lift a pallet resulting in a popping sensation and pain in the low back. He was medically evaluated, placed on modified duty, had x-rays done and physical therapy. He currently complains of low back and left shoulder pain. His pain level was 1-5 out of 10 with medication and 9 out of 10 without medication. Medication enables him to sleep better and perform activities of daily living. On physical exam there was decreased range of motion of the lumbar spine. Diagnoses include lumbar disc bulges with spondylosis; L5-S1 anterolisthesis and fusion at L3-4; low back pain; right shoulder superior labrum anterior on posterior and full thickness tear; right shoulder pain; radiculopathy lower extremities. Treatments to date include medication; physical therapy; epidural steroid injection of the lumbar spine. Diagnostics include MRI of the lumbar spine; electromyography of lower extremity; MRI of the right shoulder revealing a tear and possible superior labrum anterior on posterior tear; updated MRI of the lumbar spine (7-24-13) showing fusion L3-4, multiple disc bulges; MRI lumbar spine (1-6-14) showed fusion, mild anterolisthesis with spondylosis. In the progress note dated 7-14-15 the treating provider's plan of care included requests for Norco 10-325mg #120; Soma 350mg #90.

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 Page(s): 91.

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 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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 (Norco) which increases side effect risks and abuse potential. The use of Soma is not medically necessary.