MAXIMUS Federal Services

Case Number:	CM15-0166434		
Date Assigned:	09/04/2015	Date of Injury:	11/09/2011
Decision Date:	10/08/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/25/2015

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 65 year old male, who sustained an industrial injury on 11-9-2011. He reported feeling a snap and pain in his back. Diagnoses have included spinal stenosis, lumbar region, with neurogenic claudication and intervertebral disc disorder with myelopathy, lumbar region. Treatment to date has included physical therapy, epidural steroid injection, transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 7-2-2015, the injured worker complained of intermittent low back pain with occasional radiation of pain into the lower extremities. Objective findings revealed tenderness at midline L4-5-S1. There was decreased sensation to light touch along the right lateral calf and foot. Authorization was requested 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 #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 7/2/15 progress report provided by the treating physician, this patient presents with intermittent low back pain with occasional radiation into the lower extremities right > left. The treater has asked for NORCO 10/325MG #120 WITH 3 REFILLS but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 8/14/15 are spinal stenosis lumbar and lumbar disc w/ myelopathy. The patient states that he avoids sudden bending and twisting motions per 7/2/15 report. The patient is s/p home exercise program and a medication regimen per 7/2/15 report. The patient currently is using Naproxyn, Flexeril, Flurbiprofen/Lidocaine cream to low back, Ambien per 3/26/15 report. The patient notes increased low back pain with physical activity and does well as long as he avoids bending/twisting motions per 2/19/15 report. The patient's work status is retired per 7/2/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient was taking Vicodin as of 5/17/13 report, and was taking Norco as early as 12/5/14 report. It is not known if patient is currently taking Norco, as the treater does include a current list of medications in the most recent reports from the year 2015 (2/19/15 to 7/2/15). Utilization review letter dated 8/21/15 modifies request to #120 tabs and no refills. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.

Soma 350mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Based on the 7/2/15 progress report provided by the treating physician, this patient presents with intermittent low back pain with occasional radiation into the lower extremities right > left. The treater has asked for SOMA 350MG #90 WITH 3 REFILLS but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 8/14/15 are spinal stenosis lumbar and lumbar disc w/ myelopathy. The patient states that he avoids sudden bending and twisting motions per 7/2/15 report. The patient is s/p home exercise program and a medication regimen per 7/2/15 report. The patient currently is using Naproxyn, Flexeril, Flurbiprofen/Lidocaine cream to low back, Ambien per 3/26/15 report. The patient notes increased low back pain with physical activity and does well as long as he avoids bending/twisting motions per 2/19/15 report. The patient's work status is retired per 7/2/15 report. MTUS, Muscle Relaxants Section, pages 63-66 states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy: Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. The treater does not discuss this request in the reports provided. The patient is on Ambien as of 5/17/13 report, and is taking Soma as of 12/5/14 report. It is not known if patient is currently taking Soma, as the treater does include a current list of medications in the most recent reports from the year 2015 (2/19/15 to 7/2/15). MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. This patient has been prescribed Soma since at least 12/5/14; therefore, this request is not medically necessary.