

Case Number:	CM15-0166638		
Date Assigned:	09/04/2015	Date of Injury:	11/19/2002
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
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 56 year old female, who sustained an industrial injury on November 19, 2002. Treatment to date has included NSAIDS and opioid medications. Currently, the injured worker complains of low back pain, bilateral shoulder pain and mid back pain. She reports that her low back pain is worsened with increased activity and her shoulder and mid-back pain are the same. On physical examination the injured worker has persistent asymmetric lumbosacral range of motion. She has tight hamstrings and weakness of the right extensor hallucis longus. She has limited range of motion and a positive straight leg raise. She exhibits pain on extension of the neck and has a positive compression sign. She has limited cervical range of motion. The injured worker has diminished wrist extension on the right. The diagnoses associated with the request include cervical spine strain, thoracic spine strain, lumbar spine strain, lateral epicondylitis, and chronic pain syndrome. The treatment plan includes Norco, Soma and Naproxen.

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 #60: 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): Opioids, dosing, Opioids, criteria for use.

Decision rationale: Based on the 06/16/15 progress report provided by treating physician, the patient presents with pain to low back, mid back and bilateral shoulders. The request is for NORCO 7.5/325 MG #60. Patient's diagnosis per Request for Authorization form dated 08/05/15 includes cervical, thoracic and lumbar strain; chronic pain syndrome; and lateral epicondylitis. The patient's gait is antalgic. Physical examination to the lumbar spine on 06/16/15 revealed paraspinal tenderness, spasm, decreased range of motion, and positive straight leg raise test. Patient's medications include Ultram, Prilosec, Fexmid, Orudis and Tylenol #3. Patient's work status not provided. MTUS Guidelines page 76 to 78, Criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater discussed "new Hydrocodone regulations" with patient on 05/05/15 report. Per 06/16/15 report, treater states "taking Ultram to diminish narcotic usage with excellent results..." It appears Norco is being initiated. In this case, recommendation for initiating a new opioid cannot be supported as there is no functional and baseline pain assessment. MTUS states that functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Furthermore, the patient is already prescribed Ultram and Tylenol #3. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Soma 350 mg #60: 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), Muscle relaxants (for pain).

Decision rationale: Based on the 06/16/15 progress report provided by treating physician, the patient presents with pain to low back, mid back and bilateral shoulders. The request is for SOMA 350 MG #60. Patient's diagnosis per Request for Authorization form dated 08/05/15 includes cervical, thoracic and lumbar strain; chronic pain syndrome; and lateral epicondylitis. The patient's gait is antalgic. Physical examination to the lumbar spine on 06/16/15 revealed paraspinal tenderness, spasm, decreased range of motion, and positive straight leg raise test. Patient's medications include Ultram, Prilosec, Fexmid, Orudis and Tylenol #3. Patient's work status not provided. MTUS, Muscle relaxants (for pain) section, Soma, page 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. Fexmid (Cyclobenzaprine) has been included in patient's medications, per progress reports dated 05/05/15 and 06/16/15. It is not known when this medication was initiated. MTUS recommends anti-spasmodic agents such as Carisoprodol (Soma) and Cyclobenzaprine (Fexmid), only for a short period (no more than 2-3 weeks). The patient has been prescribed Cyclobenzaprine at least since 05/25/15, which is almost 3 months from UR date of 08/12/15. The request for additional prescription of antispasmodic Soma would exceed guideline recommendations. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Naproxen 550 mg #60: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Based on the 06/16/15 progress report provided by treating physician, the patient presents with pain to low back, mid back and bilateral shoulders. The request is for NAPROXEN 550 MG #60. Patient's diagnosis per Request for Authorization form dated 08/05/15 includes cervical, thoracic and lumbar strain; chronic pain syndrome; and lateral epicondylitis. The patient's gait is antalgic. Physical examination to the lumbar spine on 06/16/15 revealed paraspinal tenderness, spasm, decreased range of motion, and positive straight leg raise test. Patient's medications include Ultram, Prilosec, Fexmid, Orudis and Tylenol #3. Patient's work status not provided. MTUS, ANTI-INFLAMMATORY MEDICATIONS Section, page 22 states: Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. The patient has been prescribed Orudis (Ketoprofen) per progress reports dated 05/05/15 and 06/16/15. It appears Naproxen is being initiated, per RFA dated 08/05/15. Given the conservative nature of this medication and the lack of utilization to date, the use of this medication appears reasonable. Therefore, the request IS medically necessary.