

Case Number:	CM15-0181340		
Date Assigned:	09/22/2015	Date of Injury:	10/01/1998
Decision Date:	11/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old male who sustained an industrial injury on 10-01-1998. Medical records indicated the worker was treated for arthropathy, unspecified, post-laminectomy syndrome of the lumbar region, lumbago, pain in limb, sacroiliitis, not elsewhere classified, reflex sympathetic dystrophy of the upper limb, and degeneration of cervical intervertebral disc, carpal tunnel syndrome, and lumbosacral spondylosis without myelopathy. In the provider notes of 08-17-2015 the injured worker complains of low left back, mid back, and neck pain. Historically he coped with his pain with "low dose opioid medication and had left lumbar radiofrequency neurotomies about every 8-9 months". At the time of the visit 08-17-2015 he was certified for medial branch nerve radiofrequency ablations of the L3-4, L4-5, and L5-S1 joints plus had certification for 2 chiropractic sessions. Previous therapies included physical therapy (not helpful) massage therapy (helpful) ice and heat (somewhat helpful), transcutaneous electrical nerve stimulation (TENS) unit, (helpful) and chiropractic care (helpful). At the time of the exam he describes his pain as a burning and stabbing and rates his current pain at a 9 on a scale of 0-10. His worst pain is a 10 on a scale of 0-10, and his least pain as a 7 on a scale of 0-10 His pain has increased between visits. He denies feelings of numbness or weakness or loss of bladder control. On exam, he has mild loss of lumbar lordosis and his range of motion is about 75% of expected. The paravertebral muscles are taut and tender with trigger points in the low lumbar areas bilaterally and tenderness over the lower facet joints. His medications include Soma, and Norco. The treatment plan is for continuation of current medications, chiropractic care, the radiofrequency ablation, and lab testing. A request for authorization was submitted for

90 Soma 350mg (Refill 2), and 240 Norco 10/325mg. A utilization review decision 08/20/2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Soma 350mg (Refill 2): 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).

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long-term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. In this case, the exam note from 8/17/15 does not demonstrate prior dosages and response to Soma. In addition, the guidelines do not recommend long-term use. Therefore the determination is for non-certification. The request is not medically necessary.

240 Norco 10/325mg: 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, criteria for use, Opioids, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/17/15. Therefore the determination is for non-certification. The request is not medically necessary.

