

Case Number:	CM15-0182393		
Date Assigned:	09/23/2015	Date of Injury:	12/13/2002
Decision Date:	10/27/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 67 year old male who reported an industrial injury on 12-13-2002, versus 12-12-2002. His diagnoses, and or impressions, were noted to include: pathological fracture of vertebrae; cervical neck strain; lumbar region spinal stenosis with neurogenic claudication and "L" radiculitis; and status-post lumbar 4 and sacral 1 partial laminectomies, lumbar 5 total laminectomy and bilateral lumbar 4-5, lumbar 5-sacral 1 medial facetectomies and foraminotomies on 7-30-2015. The history noted the removal of a kidney resulting in atrial fibrillation. Recent magnetic imaging studies of the lumbar spine were done on 3-31-2015, noting abnormal findings. His treatments were noted to include: lumbar epidural steroid injections; lumbosacral surgery on 7-30-2015; medication management; and rest from work as he was noted disabled since 2003. The progress notes of 9-4-2015 reported: surgery on 7-30-2015 with complaints of severe, constant, non-radiating pain in his low back, rated 7 out of 10. The objective findings were noted to include: muscle spasms, and that he would have his medications prescribed. The physician's requests for treatment were noted to include Norco 10-325 mg, #90 for pain; and Soma 350 mg, and #60 for muscle spasms. The Request for Authorization, dated 9-8-2015, was noted for Norco 10-325 mg 1 three x a day, #90; and Soma 350 mg 1 twice a day, #60. Norco 10-325 mg, #90, for pain was noted back as far as the progress report of 6-16-2015. The Utilization Review of 9-15-2015 modified the request for Norco 10-325 mg, #90, to #29; and non-certified the request for Soma 350 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 90.00: 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, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in December 2002 while working at a youth correctional facility while pulling with a pallet jack. Norco and Soma have been prescribed since at least 2007. On 07/30/15 he underwent a multilevel lumbar decompression for spinal stenosis. When seen, he was approximately 5 weeks status post surgery. He was having constant low back pain rated at 7/10. He was not having any radiating symptoms. Physical examination findings included ambulating without a cane and there was a normal gait. He was having muscle spasms. Norco and Soma were prescribed. The dose of Norco was unchanged. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication has previously or is currently providing decreased pain through recording of VAS pain scores or by specific examples of an increased level of function or improved quality of life. Pain levels since the claimant's recent surgery are not significantly changed. Continued prescribing at this dose is not considered medically necessary.

Soma 350mg Qty: 60.00: 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: The claimant sustained a work injury in December 2002 while working at a youth correctional facility while pulling with a pallet jack. Norco and Soma have been prescribed since at least 2007. On 07/30/15 he underwent a multilevel lumbar decompression for spinal stenosis. When seen, he was approximately 5 weeks status post surgery. He was having constant low back pain rated at 7/10. He was not having any radiating symptoms. Physical examination findings included ambulating without a cane and there was a normal gait. He was having muscle spasms. Norco and Soma were prescribed. The dose of Norco was unchanged. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, other medications and treatments would be

considered appropriate for the claimant's condition. Soma has been prescribed on a long-term basis. Ongoing prescribing is not considered medically necessary.