

Case Number:	CM15-0185490		
Date Assigned:	09/25/2015	Date of Injury:	12/07/2001
Decision Date:	11/04/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania
 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 55 year old male who sustained an industrial injury on 12-7-01. The medical records indicate that he was treated for status post posterior spinal fusion at L2-3 and L3-4 with residual post-operative pain (8-24-11); status post left total hip replacement (2-21-08); status post hip decompression (2-21-08); status post right knee arthroscopy (2006); status post total disc replacement at L2-3; status post left knee arthroscopy; gastritis, secondary to medication; chronic pain syndrome; chronic severe low back pain; neuropathic pain in the lower extremities; neuropathic pain in the lumbar spine; bilateral sacroiliitis; osteoarthritis of bilateral knees; anxiety and depression; left L3-4; chronic bilateral hip pain, left greater than right; arachnoiditis; left lower extremity acute radiculopathy; disc protrusion at L1-2 with L2 nerve impingement; left hip internal derangement; failed back syndrome with scar dyesthesia and neuropathic pain; status post left hip revision (9-4-13); insomnia; chronic bilateral sacroiliac joint pain syndrome. He currently (8-12-15) complains of worsening symptoms involving neck pain with radiation to the bilateral upper extremities with a pain level of 9 out of 10; low back pain with radiation to the bilateral lower extremities down to the bilateral feet with numbness, tingling and weakness and with a pain level of 9 out of 10; bilateral hip pain with a pain level of 8 out of 10 on the right and 7 out of 10 on the left; bilateral knee pain (7 out of 10). He has depression and insomnia and reported spasms of the neck and lumbar spine. Additional reference to muscle spasms was not present. Medications relieve pain by 80% and increase the performance of his activities of daily living. In the 5-20-15 note, it was documented that medications relieved pain by 50%. He has been on Norco and Soma since at least 4-29-15. His pain levels have been consistent from 4-29-15 to 8-12-15. On physical exam of the lumbar spine,

there was decreased range of motion and positive Kemp's test bilaterally; bilateral hips revealed decreased range of motion and Patrick's - Fabere, Gaenslen's and sacroiliac compression tests were all positive. Treatments to date include Norco, Soma, Lyrica, Senekot; radiofrequency ablation - neurotomy at L5 through S3 (3-20-10); physical therapy. The request for authorization dated 8-12-15 was for Norco 10-325mg #120 and Soma 350mg #90. On 9-1-15 Utilization Review non-certified the requests for Norco 10-325mg #120 and 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 Medical Treatment 2009.

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

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. It is stated in the progress note that medications "provided him with 80% relief from pain and increase in the performance of his activities of daily living." However, this is not an adequate quantifiable measure of change in pain or specific functional improvement to justify the ongoing use of Norco. Furthermore, there is no discussion of the presence or absence of side effects or aberrant drug behavior. The request is not medically necessary.

Soma 350mg #90: 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): Muscle relaxants (for pain).

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility.

However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Soma are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Soma is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. This worker has been receiving this medication for at least several months for chronic pain, which is not appropriate. The request is not medically necessary.