

Case Number:	CM15-0191636		
Date Assigned:	10/05/2015	Date of Injury:	03/31/2003
Decision Date:	11/10/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California
 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 61 year old male, who sustained an industrial injury on 3-31-03. The injured worker was diagnosed as having lumbar degenerative spondylosis at L3-4, lumbar post laminectomy syndrome, lumbar neurogenic claudication pain, and chronic pain related anxiety. Treatment to date has included L3-4 laminectomy in 2003 and medication including Norco, Soma, and Gabapentin. Physical examination findings on 9-15-15 included antalgic gait and reduced lumbar spine range of motion by 50%. The injured worker had been taking Norco since at least June 2015 and Soma since at least July 2015. On 6-2-15 pain was rated as 1-2 of 10 at rest and 5-6 of 10 with prolonged stationary sitting. On 9-15-15, the injured worker complained of pain in the low back, bilateral hips, and bilateral legs. The treating physician requested authorization for Norco 10-325mg #120 and Soma 350mg #60. On 9-18-15, the requests were non-certified.

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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Criteria for use of Opioids.

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with NSAIDs and Soma. There was no mention of Tylenol, Tricyclic or weaning failure. Long-term use along with Soma can lead to addiction and a heroine like effect. The continued use of Norco is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone (Norco) which increases side effect risks and abuse potential. The use of Soma is not medically necessary.