

Case Number:	CM15-0195564		
Date Assigned:	10/09/2015	Date of Injury:	09/07/2010
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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: New Jersey, New York
 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 41 year old male who sustained an industrial injury on 09-07-2010. According to a progress report dated 08-31-2015, the injured worker reported low back pain and leg pain. The provider noted that the injured worker had been treated with medication management and that the past 4-5 years he had been treated with a combination of Norco, Xanax and Soma. Pain was mainly in the L5 dermatome. Pain was bilateral and interfered with activities of daily living. The provider noted that the injured worker noted having developed tolerance to Norco tablets and wanted to switch medications. The injured worker had not seen a psychiatrist although he did admit to anxiety and fear avoidance behavior because of anxiousness. Pain at its least was rated 10 on a scale of 0-10. Present pain and pain at its worst was rated 10. He described pain as aching, annoying, burning, cold, constant, cramping, dull, excruciating, heavy, hot, intense, numb, radiating, shooting, sore, stinging, tight, tingling, transient and severe. Treatment history has included acupuncture, chiropractic care and pain clinic. Straight leg raise on the right and left was positive. Palpable twitch positive trigger points were noted in the lumbar paraspinal muscles. Gait appeared to be antalgic. He used a cane to ambulate. Anterior lumbar flexion caused pain. There was pain noted with lumbar extension. Left lateral flexion caused pain. Right lateral flexion revealed pain. Lower extremity sensation was intact except for L5 dermatomes bilaterally. Diagnoses included lumbar spondylosis and radiculopathy. The treatment plan included: change Norco to Percocet up to 3 times a day and Soma up to 3 times day and start Gabapentin 300 mg up to 3 times a day in titrating doses. The provider noted that the injured worker required an initial 4 sessions to bio-behavior pain

treatment. Medications prescribed were noted as Norco 10-325 mg 1 tablet every 8 hours as needed for 30 days #90, Soma 350 mg 1 tablet every 8 hours as needed for 30 days #90 and Gabapentin 300 mg 1 capsule for thirty days #60. Urine drug toxicology reports were not submitted for review. On 09-10-2015, Utilization Review modified the request for Norco tablets 10-325 mg #90 and Soma tablets 350 mg #90 and authorized the request for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 10/325mg #90: Upheld

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

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

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time and has developed tolerance. The patient was being switched to Percocet. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

Soma tablets 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: The request for Soma is not medically necessary. This centrally acting muscle relaxant is not indicated for long-term use and the patient has been on it chronically. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on opiates. Therefore, it is considered medically unnecessary.