

Case Number:	CM15-0198101		
Date Assigned:	10/13/2015	Date of Injury:	03/15/2003
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 57 year old male who sustained an industrial injury on 3-15-03. The injured worker reported discomfort in the back and legs. A review of the medical records indicates that the injured worker is undergoing treatments for lumbago, low back pain. Medical records dated 8-5-15 indicate pain rated at 4 out of 10. Provider documentation dated 8-5-15 noted the work status as permanently disabled. Treatment has included Anaprox since at least April of 2015, Soma since at least April of 2015, and Norco since at least April of 2015. Physical examination dated 8-5-15 was notable for nausea, insomnia, lumbar spine and facet joint tenderness with decreased flexion and extension. The original utilization review (9-11-15) denied a request for Retrospective (dos 8-5-15) Norco 10-325mg tablet, 1-2 tablets by mouth every 4 hrs 30 days #180 and Retrospective (dos 8-5-15) Soma 350mg tablet, 1 tablet by mouth 3 times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 8/5/15) Norco 10/325mg tablet, 1-2 tablets by mouth every 4 hrs 30 days #180: 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 for chronic pain, Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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. The treating physician does provide a brief note stating that the IW's pain is reduced by 50% with the use of Norco, however there is no objective reporting provided which details improvement in function, which is required to recommend for long-term use. As such, the request for Norco 325/10mg # 180 is deemed not medically necessary.

Retrospective (dos 8/5/15) Soma 350mg tablet, 1 tablet by mouth 3 times a day #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), Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

Decision rationale: MTUS states regarding Crisoprodol, not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. ODG States that Soma is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use. The request for SOMA 350MG, #60 is in excess of the guidelines and weaning should occur. As such, the request for Soma is deemed not medically necessary.

