

Case Number:	CM15-0200096		
Date Assigned:	10/15/2015	Date of Injury:	01/26/1999
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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: Texas, 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:

This is a 56 year old male patient who sustained an industrial injury on January 26, 1999. Past history included diabetes and hypertension. The diagnoses include lumbar spine pain; degenerative disc disease, lumbar spine. According to a primary treating orthopedic physician's evaluation dated September 23, 2015, he had complaints of severe lumbar pain, rated 8-9 out of 10, radiating proximally to his left buttocks and left leg, associated with numbness, tingling, cramping, locking, clicking-popping and stiffness. He uses a brace, single point cane (self-purchased) and a wheelchair. As a result of his injury, he reported difficulty with grooming, dressing, undressing, showering, bathing, typing, sitting for prolonged periods of time, walking kneeling stooping, lifting, carrying, urination and bowel movements (no specified), and unable to get a restful sleep and was fatigued. The patient's pain was reduced to 1-2/10 with medications. Physical examination revealed 5'10 " and 240 pounds; diminished sensation over L4-5 and S1 dermatome of the left lower extremity; moderately tender to palpation over the sacroiliac joint spaces of the bilateral lower extremity; declined the lumbar range of motion exam; positive seated and supine straight leg raise bilaterally and most significantly in the left lower extremity. The medications list includes ibuprofen, hydrocodone/acetaminophen, naproxen, zantac, colace, amitriptyline and soma. His surgical history includes tonsillectomy in 1976 and cyst removal from armpit. He has had physical therapy for this injury. Treatment plan included referral for pain management and prescription for medication. At issue, is a request for authorization for Naproxen (since at least 9/2012), Norco (since at least 3/2014), and Soma (since at least 9/2012). According to utilization review dated September 30, 2015, the request for

Colace is certified. The request for Norco 7.5-325mg #180 was modified to Norco 7.5-325mg #90. The requests for Soma 350mg #120 and Naproxen 550mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #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, criteria for use, Opioids for chronic pain.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to significant pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Previous urine drug screen report is not specified in the records provided. Response to anticonvulsant or low potency opioid is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 7.5/325mg #180 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

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

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The CA MTUS chronic pain guidelines do not recommend soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. The response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of acute exacerbation or muscle spasm is not specified in the records provided. The medical necessity of Soma 350mg #120 is not established in this patient at this time.

Naproxen 550mg #60: Overtaken

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): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Naproxen is a NSAID. CA MTUS states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient has chronic low back pain with radicular symptoms. The patient has objective findings on the physical examination- diminished sensation over L4-5 and S1 dermatome of the left lower extremity; moderately tender to palpation over the sacroiliac joint spaces of the bilateral lower extremity; positive seated and supine straight leg raise bilaterally and most significantly in the left lower extremity. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen 550mg #60 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.