

Case Number:	CM15-0207072		
Date Assigned:	10/23/2015	Date of Injury:	08/11/2006
Decision Date:	12/29/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/21/2015

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: California

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

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 60 year old male who sustained an industrial injury on 8-11-06. A review of the medical records indicates he is undergoing treatment for thoracic foraminal stenosis with radiculopathy, L1 vertebral body collapse, and bilateral L5 neuropathy. Medical records (7-8-15, 8-17-15, and 9-23-15) indicate ongoing complaints of low back pain that radiates to his legs. The 7-8-15 record indicates "neuritic pain and paresthesias". He also complains of recurrent muscle spasms and weakness "at times". The physical exam (9-23-15) reveals an antalgic gait, "positive" scoliosis with a tilted pelvis, and thoracic to lumbar paravertebral tenderness. Treatment has included medications of Norco and Soma since, at least, 3-3-11, as well as Lyrica. The records do not indicate his work status. The treatment recommendations include a back support (8-17-15), discontinuation of Norco, continuation of Lyrica and Soma, an MRI of the lumbar spine, and Suboxone-SL 8-2mg twice daily. The utilization review (10-7-15) includes requests for authorization of Soma 350mg #90 7-8-15 - 12-4-15, Soma 350mg #90 8-17-15 - 12-4-15, Soma 350mg #90 9-23-15 - 12-4-15, a back support, Suboxone-SL 8-2mg #60, Norco 10-325mg #90 7-8-15 - 12-5-15, Norco 10-325mg #90 8-17-15 - 12-5-15, and Norco 10-325mg #90 9-23-15 - 12-5-15. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #90 between 7/08/2015 and 12/4/2015: Upheld

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

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

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. 1 prescription of Soma 350mg #90 between 7/08/2015 and 12/4/2015 is not medically necessary.

1 prescription of Soma 350mg #90 between 08/17/2015 and 12/4/2015: Upheld

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

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

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. 1 prescription of Soma 350mg #90 between 08/17/2015 and 12/4/2015 is not medically necessary.

1 prescription of Soma 350mg #90 between 09/23/2015 and 12/4/2015: Upheld

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

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

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for

patients with known dependence. 1 prescription of Soma 350mg #90 between 09/23/2015 and 12/4/2015 is not medically necessary.

1 back support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. 1 back support is not medically necessary.

1 prescription of Suboxone-SL 8-2mg #60: 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): Buprenorphine.

Decision rationale: According to the MTUS, Buprenorphine is recommended for the treatment of opiate agonist dependence (FDA Approved indication includes sublingual Subutex and Suboxone). When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. (SAMHSA, 2008) there is no documentation that the patient is currently undergoing formal drug addiction treatment. The medical records submitted for review do not include rationale to support why Suboxone-SL would be appropriate for this patient. 1 prescription of Suboxone-SL 8-2mg #60 is not medically necessary.

1 prescription for Norco 10/325mg #90 between 07/08/2015 and 12/05/2015: 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: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The

patient described their pain as worsening despite the habitual use of Norco. 1 prescription for Norco 10/325mg #90 between 07/08/2015 and 12/05/2015 is not medically necessary.

1 prescription for Norco 10/325mg #90 between 08/17/2015 and 12/05/2015: 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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The patient described their pain as worsening despite the habitual use of Norco. 1 prescription for Norco 10/325mg #90 between 08/17/2015 and 12/05/2015 is not medically necessary.

1 prescription for Norco 10/325mg #90 between 09/23/2015 and 12/05/2015: 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.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The patient described their pain as worsening despite the habitual use of Norco. 1 prescription for Norco 10/325mg #90 between 09/23/2015 and 12/05/2015 is not medically necessary.