

Case Number:	CM15-0208406		
Date Assigned:	10/27/2015	Date of Injury:	01/15/2006
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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, North Carolina

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 45year old male, who sustained an industrial-work injury on 1-15-06. He reported initial complaints of low back pain. The injured worker was diagnosed as having post laminectomy syndrome status post L5-S1 fusion, moderate central spinal stenosis at L4-5. Treatment to date has included medication, surgery, and diagnostics. Currently, the injured worker complains of low back pain with occasional radiation to right leg rated 9 out of 10 at times. Pain is reduced to 3-4 out of 10 with rest, ice, and mediation. Per the primary physician's progress report (PR-2) on 10-7-15, no objective findings are reported. Work status is retired. Medications have been ordered since at least 11-12-14. Current plan of care includes continuation of Soma and Norco, stretching, and rest. The Request for Authorization requested service to include Norco 10/325 mg #90 with 2 refills QTY 270.00 and Soma 350 mg QTY 270.00. The Utilization Review on 10-14-15 modified the request for Norco 10/325 mg #90 QTY 120.00 and 0 refills and denied Soma 350 mg QTY 270.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 with 2 refills QTY 270.00: 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 for chronic pain.

Decision rationale: The request is for Norco 10/325 mg for chronic low back pain. Norco is an opioid indicated for moderate to severe pain. In this case, there is documentation of symptomatic and functional improvement with the use of Norco. Norco appears to be medically necessary. However the prescription is written with 2 refills, which is contrary to DEA guidelines on the use of narcotics. Therefore, the request is not medically necessary or appropriate.

Soma 350 mg QTY 270.00: 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).

Decision rationale: Soma is a muscle relaxant that is not recommended by CA MTUS Guidelines. Muscle relaxants are indicated in patients with acute muscle spasm and have their greatest effect in the first 3-4 days of use. They should not be used for greater than 2-3 weeks. In this case, the patient has been taking Soma on a long-term basis, which is contrary to guidelines. Soma has a significant adverse side effect profile, especially when combined with an opioid, as in this case. The medical records do not document any current muscle spasm. There is also no documentation of functional improvement with the use of Soma. Therefore, the request is not medically necessary or appropriate.