

Case Number:	CM15-0023121		
Date Assigned:	02/12/2015	Date of Injury:	11/08/2010
Decision Date:	04/02/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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: Physical Medicine & Rehabilitation

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 40 year old female, who sustained an industrial injury on November 8, 2010. The injured worker had reported a low back injury. The diagnoses have included facet joint pain, post back surgery pain syndrome, lumbar disc displacement, lumbago and thoracic/lumbar neuritis. Treatment to date has included pain management, diagnostic testing, back surgery and acupuncture treatments. Current documentation dated January 16, 2015 notes that the injured worker complained of lumbar and thoracic back pain, which was worse with prolonged sitting or standing. Physical examination of the lumbar spine revealed trigger points bilaterally, a positive straight leg raise and a decreased and painful range of motion. On January 30, 2015 Utilization Review non-certified a request for Soma 350 mg # 90 and modified a request for Norco 10/325 mg # 90. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 6, 2015, the injured worker submitted an application for IMR for review of Soma 350 mg # 90 and Norco 10/325 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with lumbar and thoracic back pain. The treater has asked for NORCO 10/325MG #90 on 1/9/15. Patient has been using Norco since 8/8/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is currently not working. In this case, the treater indicates a decrease in pain with current medications which include Norco, stating meds are not helping her heal, [they] only help with pain per 11/28/14 report. But there is no discussion of this medications efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Carisoprodol Page(s): 63-66, 29.

Decision rationale: This patient presents with lumbar and thoracic back pain. The treater has asked for SOMA 350MG #90 on 1/9/15. Patient has been taking Soma since 8/8/14 report. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. The patient is currently not working. In this case, the patient has been taking Soma for 5 months. MTUS guidelines indicate Soma for short term use only, for a maximum of 2-3 weeks. The requested Soma is not in accordance with MTUS guidelines. The request IS NOT medically necessary.