

Case Number:	CM15-0024133		
Date Assigned:	02/12/2015	Date of Injury:	10/05/2010
Decision Date:	04/08/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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 55-year-old male who sustained a cumulative industrial lifting injury to the lower back on October 5, 2010. The injured worker was diagnosed with spinal enthesopathy, displaced lumbar intervertebral disc and failed back syndrome. The injured worker underwent a L4-L5-S1 laminectomy, discectomy and decompression in June 2011 and L4-L5 fusion with instrumentation in August 2013 as noted in the medical review submitted. There are no operative reports provided. According to the primary treating physician's progress report on January 8, 2015 the examination was documented as unchanged and the injured worker was having constant severe pain of the lumbar spine. On June 12, 2014 the primary treating physician's progress report noted no improvement in lumbar spine. Injured worker was trying to wean himself from using a cane and left hip pain is constant. Current medications consist of Norco and Soma. There was no documentation of current treatment modalities in place or a home exercise program. The treating physician requested authorization for Norco 10/325mg #180 and Soma 350mg #60. On January 16, 2015 the Utilization Review denied certification for Norco 10/325mg #180 and Soma 350mg #60 however one month supply allowed for weaning. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 10/05/10 and presents with constant severe lumbar spine pain. The request is for NORCO 10/325 MG #180. The RFA is dated 01/08/15 and the patient is to remain off of work until 02/13/15. The patient has been taking Norco as early as 06/12/14. None of the reports provided indicate how Norco has impacted the patient's pain and function. MTUS guidelines pages 88 and 89, states, "Pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS, page 78, also requires documentation of the 4 A's (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. MTUS, page 98, also continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, none of the 4As are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES reports, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. No urine drug screens are provided to indicate if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

Soma 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 10/05/10 and presents with constant severe lumbar spine pain. The request is for SOMA 50 MG #60. The RFA is dated 01/08/15 and the patient is to remain off of work until 02/13/15. The patient has been taking Soma as early as 06/12/14. MTUS Guidelines, pages 63-66, "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. He is diagnosed with spinal enthesopathy, displaced lumbar intervertebral disc, and failed back syndrome. No positive examination is provided in the progress reports provided. There is no mention of the patient having any spasm in the progress report provided. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the patient began taking this medication since 06/12/14, which exceeds the 2 to 3 weeks recommended by MTUS

guidelines. Furthermore, the treater requests for 60 tablets of Soma and there is no indication that this medication is for short-term use. The requested Soma IS NOT medically necessary.