

Case Number:	CM15-0210415		
Date Assigned:	10/29/2015	Date of Injury:	10/03/1992
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/26/2015

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: Emergency 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 71 year old female, who sustained an industrial injury on 10-03-1992. A review of the medical records indicates that the worker is undergoing treatment for advanced degenerative disc disease of C6-C7, advanced degenerative disc disease with severe disc collapse of L3-L4, failed neck and back syndrome, status post three lumbar spine surgeries and status post three cervical spine surgeries. MRI of the cervical spine on 06-24-2015 showed significant disc herniation at C3-C4 and significant stenosis at C6-C7. Subjective complaints on 06-25-2015 included 10 out of 10 pain in the neck radiating to the arms and the low back radiating down the legs. Medications were noted to reduce pain to a more tolerable level but the degree of pain after taking pain medication and duration of pain relief was not documented. Subjective complaints on 08-20-2015 included ongoing headaches, neck, low back and neuropathic symptoms. She was noted to fall often and headaches had become more severe. Subjective complaints (09-17-2015) included significant pain in the neck radiating down the bilateral upper extremities as well as the low back and down the bilateral lower extremities. The injured worker reported recently waking up in extreme pain and was unable to move with body shaking which lasted for 2 ½ hours and then eased up. Objective findings (06-25-2015, 08-20-2015 and 09-17-2015) included tenderness and guarding of the cervical paraspinal musculature, decreased range of motion of the cervical spine secondary to pain, tenderness and guarding of the lumbar paraspinal musculature, decreased range of motion of the lumbar spine secondary to pain and weakness in the bilateral lower extremities with decreased balance. Treatment has included Norco (since at least 04-02-2015), Lyrica, Lorazepam and multiple surgeries. The physician noted that the injured worker

had been seen by another physician and was recommended to undergo surgery but had been apprehensive and was advised that little could be done aside from surgery to improve her condition. The physician noted that because the current muscle relaxant made her sick, she would have to return to the use of Soma to control spasms. The worker was noted to report decreased pain and increased function with the use of medications and that without them she would have significant difficulty tolerating even routine activities of daily living. A utilization review dated 10-06-2015 non-certified requests for Soma 350 mg: qty: 90 and Norco 10-325 mg: qty 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: 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): Carisoprodol (Soma).

Decision rationale: The requested Soma 350mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has significant pain in the neck radiating down the bilateral upper extremities as well as the low back and down the bilateral lower extremities. The treating physician has documented tenderness and guarding of the cervical paraspinal musculature, decreased range of motion of the cervical spine secondary to pain, tenderness and guarding of the lumbar paraspinal musculature, decreased range of motion of the lumbar spine secondary to pain and weakness in the bilateral lower extremities with decreased balance. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg #90 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has significant pain in the neck radiating down the bilateral upper extremities as well as the low back and down the bilateral lower extremities. The treating physician has documented tenderness and guarding of

the cervical paraspinal musculature, decreased range of motion of the cervical spine secondary to pain, tenderness and guarding of the lumbar paraspinal musculature, decreased range of motion of the lumbar spine secondary to pain and weakness in the bilateral lower extremities with decreased balance. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.