

Case Number:	CM15-0212620		
Date Assigned:	11/02/2015	Date of Injury:	01/26/2001
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on 1-26-2001. The injured worker is undergoing treatment for: lumbar-lumbosacral disc degeneration. On 8-3-15, 9-1-15, and 9-29-15, he reported back pain with radiation into the lower extremities with left being greater than right. He indicated Norco and Soma were helpful. Physical examination revealed tenderness in the lumbar, iliolumbar and sacroiliac regions, pain with range of motion of the lumbar, decreased lumbar range of motion. There is no discussion of insomnia, or pain reduction. The treatment and diagnostic testing to date has included: medications, lumbar surgery (date unclear), magnetic resonance imaging of the lumbar (date unclear), and home exercise program. Medications have included: Soma and Norco. The records indicate that Norco and Soma have been utilized since at least March 2013, possibly longer. Current work status: not documented. The request for authorization is for: Norco 10-325mg quantity 120, Soma 350mg quantity 30 with 3 refills. The UR dated 10-9-2015: modified certification of Norco 10-325mg quantity 90, and non-certified the request for Soma 350mg quantity 30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2001 and continues to be treated for low back and leg pain. He has a history of a right L4/5 disc extrusion and a laminectomy and discectomy. In March 2013, he was requesting an increase supply of Norco. He was taking 10/355 mg and receiving 100 tablets per month. The quantity was increased to 120 per month. Medications also taking Soma. When seen in September 2015 he had continued complaints of back pain, which was radiating into the lower extremities. Medications were helpful. He was running low and needed refills. Physical examination findings were lumbar paraspinal, iliolumbar, and sacroiliac region tenderness. There was decreased and painful lumbar spine range of motion with equivocal facet testing. Norco and Soma were refilled. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Adequate pain assessments and assessment of function are not being documented. A pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain, the intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long the pain relief lasts. Criteria for the long-term use (6 months or more) of opioid medication include that pain be assessed at each visit. Function should be measured at least at 6-month intervals using a numerical scale or validated instrument. For these reasons, continued prescribing is not considered medically necessary. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.

Soma 350mg #30 with 3 refills: 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), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury occurring in January 2001 and continues to be treated for low back and leg pain. He has a history of a right L4/5

disc extrusion and a laminectomy and discectomy. In March 2013, he was requesting an increase supply of Norco. He was taking 10/355 mg and receiving 100 tablets per month. The quantity was increased to 120 per month. Medications also taking Soma. When seen in September 2015 he had continued complaints of back pain, which was radiating into the lower extremities. Medications were helpful. He was running low and needed refills. Physical examination findings were lumbar paraspinal, iliolumbar, and sacroiliac region tenderness. There was decreased and painful lumbar spine range of motion with equivocal facet testing. Norco and Soma were refilled. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.