

Case Number:	CM15-0213569		
Date Assigned:	11/03/2015	Date of Injury:	08/26/2009
Decision Date:	12/15/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/30/2015

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 45 year old female, who sustained an industrial injury on 8-26-2009. The injured worker is undergoing treatment for lumbago, sciatica, lumbar spondylolisthesis and lumbar herniated nucleus pulposus (HNP). Medical records dated 9-17-2015 indicate the injured worker complains of low back pain radiating down the right leg with numbness of the right heel. She reports flare up of low back pain on 9-15-2015 that has significantly decreased. Physical exam dated 9-17-2015 notes slight tenderness to palpation at the lumbosacral junction, painful decreased lumbar range of motion (ROM) and "she is unable to sit, stand or walk at this time. This is a change in her condition." Treatment to date has included aquatic therapy, lumbar epidural steroid injection, Norco and Soma since at least 12-14-2014 and Robaxin. She is working modified duty. The original utilization review dated 10-25-2015 indicates the request for Soma 350mg #60 and Norco 10-325mg #120 is non-certified.

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 sustained a work injury when she began experiencing discomfort and lower back pain while working as a collection agent for a credit counseling service in a sedentary work capacity. In September 2015 medications included Norco, Soma, and Robaxin. There was a pending functional restoration program evaluation. When seen in October 2015 she was continuing to have intermittent lumbar spine pain with right leg sciatica at times. Approval was being requested for participation in the functional restoration program. Physical examination findings included slight lumbosacral junction tenderness. There was discomfort with lumbar extension. She was unable to sit, stand, or walk. Norco 10/325 mg #120 and Soma #60 was prescribed. 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. Continued prescribing is not medically necessary.

Soma 350mg, #60: 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 sustained a work injury when she began experiencing discomfort and lower back pain while working as a collection agent for a credit counseling service in a sedentary work capacity. In September 2015 medications included Norco, Soma, and Robaxin. There was a pending functional restoration program evaluation. When seen in October 2015 she was continuing to have intermittent lumbar spine pain with right leg sciatica at times. Approval was being requested for participation in the functional restoration program. Physical examination findings included slight lumbosacral junction tenderness. There was discomfort with lumbar extension. She was unable to sit, stand, or walk. Norco 10/325 mg #120 and Soma #60 was prescribed. 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 medically necessary.