

Case Number:	CM15-0220765		
Date Assigned:	11/13/2015	Date of Injury:	09/23/2011
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This injured worker is a 56 year old female, who sustained an industrial injury on 09-23-2011. The injured worker was diagnosed as having low back pain, sciatica, status post lumbar fusion and failed back syndrome. On medical records dated 09-10-2015 and 10-22-2015, the subjective complaints were noted as continued low back pain, buttocks and right leg - posterior-lateral pain to anterior knee. Pain was rated 10 out of 10. Objective findings were noted as positive tenderness to palpation at bilateral SI joints and coccyx, limited range of motion at the waist and a well healed incision anteriorly and posteriorly. Treatment to date included medication and physical therapy. Current medications were listed as Soma (since at least 09-2015) and Voltaren gel. The Utilization Review (UR) was dated 10-29-2015. A Request for Authorization was dated 09-25-2015. The UR submitted for this medical review indicated that the request for Soma 330mg #90 and Norco 10-325mg #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 330mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 330 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are sciatica; post surgery back pain; and sacroiliac joint inflamed. Date of injury is September 23, 2011. Request for authorization is October 22, 2015. According to a progress note dated May 21, 2015, current medications include Norco 10/325mg, Nucynta (discontinued) and Soma that was discontinued due to side effects. Baclofen was prescribed in its place. According to a September 10, 2015 progress note, medications were not listed in the medical record. According to an October 22, 2015 progress note, subjective complaints include low back pain and buttock pain. There is pain in the right lower extremity. Objectively, there is tenderness to palpation of the bilateral SI joints. Soma is not documented in the progress note. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, discontinuation of soma May 21, 2015 due to side effects, no documentation of acute low back pain during acute exacerbation of chronic back pain and treatment continued in excess of the recommended guidelines for short-term use (less than two weeks), Soma 330 mg #90 is not medically necessary.

Norco 10/325mg #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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are sciatica; post surgery back pain; and sacroiliac joint inflamed. Date of injury is September 23, 2011. Request for authorization is October 22, 2015. According to a progress note dated May 21, 2015, current medications include Norco 10/325mg, Nucynta (discontinued) and Soma that was discontinued

discontinued due to side effects. Baclofen was prescribed in its place. According to a September 10, 2015 progress note, medications were not listed in the medical record. According to an October 22, 2015 progress note, subjective complaints include low back pain and buttock pain. There is pain in the right lower extremity. Objectively, there is tenderness to palpation of the bilateral SI joints. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg (earliest progress note documentation containing a Norco 10/325 mg entry is May 21, 2015). There are no detailed pain assessments. There are no risk assessments. There is no documentation indicating an attempt to wean Norco 10/325mg. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments and no documentation demonstrating objective functional improvement, Norco 10/325mg # 90 is not medically necessary.