MAXIMUS Federal Services

Case Number:	CM15-0224310		
Date Assigned:	11/20/2015	Date of Injury:	02/04/2003
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/16/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 2-4-2003. Diagnoses include lumbar disc degeneration, low back pain, radiculopathy, and cervicalgia. Treatments to date include activity modification, acupuncture treatments, and medication therapy. Current medications prescribed since at least 6-11-15, included Pennsaid solution, Norco 10-325mg maximum 8 tablets daily, Soma 350mg three times daily as needed, Trazodone 100mg at bedtime, Wellbutrin WL 150mg daily, Xanax 0.25mg as needed, and Phentermine 15mg as needed. On 10-20-15, she complained of ongoing back pain. Pain was rated 6 out of 10 VAS with medications and 8 out of 10 VAS without medications. Soma was noted to decrease jaw clenching, decrease pain levels and increase medication. Norco was noted to decrease pain and increase ambulation. The physical examination documented tenderness, decreased range of motion and muscle spasms in cervical and lumbar spine areas. The plan of care included ongoing medication management and lumbar epidural steroid injections. The appeal requested authorization for Soma 350mg #90 with two refills and Norco 10-325mg #240 with one refill. The Utilization Review dated 10-28-15, denied the request for Soma and modified the Norco request to allow Norco 10-325mg #240 with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90 with 1 refill: 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): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back and jaw pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Norco 10/325mg, #240 with 1 refill: Upheld

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

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)The long- term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from an 8/10 to a 6/10. There are no objective measures of improvement of function or how the medication improves activities. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.