

Case Number:	CM15-0032996		
Date Assigned:	02/26/2015	Date of Injury:	01/12/1994
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 58-year-old male, who sustained an industrial injury on 01/12/1994. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include mechanical back pain and after herniated nucleus pulposus epidural fibrosis. Treatment to date has included laboratory studies and medication regimen. In a progress note dated 01/05/2015 the treating provider reports backache with left radiculitis that is alleviated with medication and a recent fall secondary to the left leg giving out sustaining fractured ribs. The treating physician requested the medications of Norco and Soma but the documentation provided did not indicate the specific reasons for requesting these medications. The documentation did note that the injured worker has currently been on a medication regimen of Norco and Soma. On 02/05/2015 Utilization Review modified the requested treatment of Norco 10/325mg two tablets four times a day with a quantity of 240 to Norco 10/325mg with a quantity of 120 with taper over one month and non-certified the requested treatment of Soma 350mg twice a day with a quantity of 60, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG 2 Tab 4 Times A Day #240 for 30 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official disability guidelines Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: Based on the 01/05/15 progress report, the patient complains of constant backache with left radiculitis that is alleviated with medication. The request is for NORCO 10/325MG #240. The patient's diagnoses per RFA dated 01/29/15 includes chronic intractable back pain and after herniated nucleus pulposus epidural fibrosis. Current medication regimen includes Norco and Soma. Patient is permanently disabled per treater report 01/05/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater has not provided a reason for request. Norco has been included in medication per treater reports 04/14/14 through 01/05/15. The urine toxicology administered 12/08/14 was consistent with prescribed medications. However, treater has not stated how Norco significantly improves patient's activities of daily living. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Soma 350 MG BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 01/05/15 progress report, the patient complains of constant backache with left radiculitis that is alleviated with medication. The request is for SOMA 350MG #60. The patient's diagnoses per RFA dated 01/29/15 includes chronic intractable back pain and after herniated nucleus pulposus epidural fibrosis. Current medication regimen includes Norco and Soma. Patient is permanently disabled per treater report 01/05/15. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request IS / IS NOT medically necessary. Treater has not provided a reason for request. MTUS recommends Soma only for a short period. Soma has been included in medication per treater reports 04/14/14 through 01/05/15. The urine toxicology administered 12/08/14 was consistent with prescribed

medications. The request for #60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.