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| Case Number: | CM15-0040000 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 08/10/1999 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 03/03/2015 |

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:

The injured worker is a 64 year old female who sustained an industrial injury on 08/10/1999. The mechanism of injury or the symptoms at the time of the injury are not documented in the submitted records. Treatment to date includes diagnostics (MRI), medications, lumbar epidural injection and physical therapy. She presented on 02/02/2015 with complaints of ongoing low back pain. She was post lumbar epidural steroid injection on 09/29/2014. She reported 50%-60% pain relief and required about 30% less pain medication. Prior to the exacerbation of her low back pain she was able to completely wean herself off of Soma but over the past few weeks she had been experiencing increased spasms across her lower back. Cervical spine and lumbar spine revealed tenderness to palpation. Diagnosis includes lumbar myoligamentous injury with degenerative disc disease, bilateral lower extremity radiculopathy, status post left and right total knee replacement and cervical myoligamentous injury with severe degenerative disc disease. The provider requested Soma and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 60 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 by the 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. In this case, the injured worker's working diagnoses are lumbar myoligamentous injury with degenerative disc disease and significant central stenosis L3 - L4, L4 - L5 and L5 - S1; bilateral lower extremity radiculopathy; moderate severe facet joint arthropathy; status post left total knee replacement; morbid obesity; reactionary depression/anxiety; cervical myo-ligamentous injury; status post right total knee replacement. The documentation shows Norco was prescribed as far back as August 19, 2014. Progress notes from September 2014 and October 2014 did not contain current medication lists. In a progress note dated February 2, 2015, the documentation indicates the injured worker was taking Soma and Norco. There is no documentation with objective functional improvement. There were no detail pain assessments (with ongoing opiate use) and no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to gauge ongoing Norco efficacy, risk assessments and detailed pain assessments, Norco 10/325 mg #60 is not medically necessary.

Soma thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 64 - 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. 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, the Soma #30 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 lumbar myoligamentous injury with degenerative disc disease and significant central stenosis L3 - L4, L4 - L5 and L5 - S1; bilateral lower extremity radiculopathy; moderate severe facet joint arthropathy; status post left total knee replacement; morbid obesity; reactionary depression/anxiety; cervical myo-ligamentous injury; status post right total knee replacement. Soma first appears as a refill in a February 2, 2015

progress note. Documentation from a September 2014 progress note and an October 17, 2014 progress note does not contain current medication lists. The start date for Soma is unclear based on the documentation available for review. Soma is not recommended according to the Official Disability Guidelines. Muscle relaxants are recommended for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of an acute exacerbation in patients with chronic low back pain. The treating physician has exceeded the recommended guidelines for short-term use (less than two weeks). Consequently, absent clinical documentation with objective functional improvement to gauge Soma's efficacy in excess of the recommended guidelines, Soma #30 is not medically necessary.