

Case Number:	CM15-0045381		
Date Assigned:	03/17/2015	Date of Injury:	12/27/2001
Decision Date:	04/17/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, California
 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 58 year old male, who sustained a work/ industrial injury on 12/27/01. He has reported initial symptoms of low back pain that radiated to the extremities. The injured worker was diagnosed as having lumbar sprain/strain, capsulitis, and myofascitis. Treatments to date included medication, diagnostics, and home exercises. Electromyogram/nerve conduction velocity (EMG/NCV) study revealed chronic stable S1 radiculopathy on the right. Currently, the injured worker complains of chronic back pain that radiated down the legs (L>R) with least rating at 3/10 and worst at 9/10. The treating physician's report (PR-2) from 3/11/15 indicated moderately decreased lordosis with slight concavity to the right, moderate tenderness in the pelvic brim and junction on the left and slight on right, moderate left sciatic notch tenderness and slight on the right, extension and rotation to either side caused ipsilateral junction discomfort. Range of motion forward flexion to 50 degrees, extension to 10 degrees, rotation 20/30 degrees, and gait was normal with slight limp. Medications included Butrans patch, Ambien, Hydrocodone-Acetaminophen, Ibuprofen, Skelaxin, Lidopro transdermal patch, and Flector patch. Treatment plan included Norco 10/325mg, Ambien 5mg, and Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco since 2008 in combination with NSAIDs and muscle relaxants. The continued and chronic use of Norco is not medically necessary.

Ambien 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), mental illness & stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation insomnia medications and pg 64.

Decision rationale: Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Behavioral modifications attempts and other modalities were not mentioned. Continued and chronic use of Ambien is not medically necessary.

Soma 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.