

Case Number:	CM15-0060989		
Date Assigned:	04/07/2015	Date of Injury:	06/08/2010
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old female, who sustained an industrial injury on 6/8/10. The injured worker was diagnosed as having lumbar radiculopathy, lumbar degenerative disc disease and lumbar spondylosis, myospasm with myofascial trigger points, internal derangement of right shoulder, chronic pain, and internal derangement of bilateral knees and generalized fatigue. Treatment to date has included lumbar epidural steroid injections, oral medications including opioids, a cane for ambulation, bilateral knee braces, back brace and physical therapy. Currently, the injured worker complains of continued bilateral knee pain and low back pain with lasting improvement following lumbar epidural steroid injections and Norco has been weaned to lower dosages. Decreased range of motion of lumbar spine, bilateral lumbosacral paraspinal muscle spasm with myofascial trigger points, pain with range of motion of right shoulder and cervical spine and decreased sensation of bilateral L2 distributions. The treatment plan consisted of prescriptions for Soma and Norco and continued follow up appointments with primary care physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for bilateral knee and chronic low back pain. The claimant has been able to decrease the Norco dose which is now being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. The treating provider documents improved activities of daily living. Soma is being prescribed on a long-term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Soma 350mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29 Page(s): 29.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for bilateral knee and chronic low back pain. The claimant has been able to decrease the Norco dose which is now being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. The treating provider documents improved activities of daily living. Soma is being prescribed on a long-term basis. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.