

Case Number:	CM15-0083697		
Date Assigned:	05/05/2015	Date of Injury:	03/05/2004
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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 60 year old male, who sustained an industrial injury on 03/05/2004. The injured worker reported pain in neck, arms, lower back and legs secondary to a motor vehicle accident. He was later diagnosed with sever lumbar spine strain/disc protrusion/ spondylolisthesis. On provider visit dated 01/08/2015, the injured worker has reported lower back pain and spasms. He was noted to have distal lower extremity weakness and limited lumbar range of motion due to pain. Lumbar paraspinal muscle tenderness and tightness bilaterally with guarding was present. The diagnoses have included low back pain. The injured worker was prescribed Norco on 10/07/ 2014 and Soma on 01/08/2015. There was no pain scale medication effectiveness submitted for review. Treatment to date has included medication, epidural steroid injections and underwent a complete discectomy at L5-S and fusion on 05/05/2009, and 08/03/2010 he underwent a posterior spinal fusion with pedicle screw instrumentation. The provider requested Norco 7.5/325 mg #120 for severe pain and Soma 350mg, #90 for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90: Upheld

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

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

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back pain. When seen, he was having ongoing back pain with radiating lower extremity symptoms. Ultram, Norco, and Soma were being prescribed. The visit note references the claimant as managing his ongoing pain as best he can with these medications. Physical examination findings included lumbar paraspinal muscle tenderness and slow movements when changing positions. His medications were refilled. 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.

Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back pain. When seen, he was having ongoing back pain with radiating lower extremity symptoms. Ultram, Norco, and Soma were being prescribed. The visit note references the claimant as managing his ongoing pain as best he can with these medications. Physical examination findings included lumbar paraspinal muscle tenderness and slow movements when changing positions. His medications were refilled. 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. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.