

Case Number:	CM15-0089899		
Date Assigned:	05/14/2015	Date of Injury:	04/26/2011
Decision Date:	08/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, 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 35-year-old male who sustained an industrial injury on 4/26/2011 resulting in lower back pain. He was diagnosed with lumbar sprain and strain, and displacement of thoracic or lumbar intervertebral disc without myelopathy. Documented treatment has included medication, and recommendation of TENS unit is noted in 4/13/2015 progress report. Provided documentation does not provide TENS use or outcomes. Currently, the PR-2 notes dated 4/13/15 are hand written. These notes indicated the injured worker complains of continued pain in the low back with right greater than the left and numbness to the right foot. Pain is described as shooting down the right leg. He has positive lower paraspinal spasms with weakness and decreased range of motion. The patient has had positive SLR, muscle spasm and limited range of motion. The treating physician's plan of care includes Norco 10-325 mg, Soma 350 mg; and 1 dose pack of Medrol. Progress report of 3/10/15 states the injured worker is working full duty. A recent detailed UDS report was not specified in the records specified. The medication list includes Norco, Soma and Medrol dose pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80, Criteria For Use of Opioids Therapeutic Trial of Opioids.

Decision rationale: Request: Norco 10/325 MG Qty 60. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non-opioid medications (antidepressants/ anticonvulsants), without the use of Norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 MG Qty 60 is not established for this patient, given the records submitted and the guidelines referenced. The request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Soma 350 MG Qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 and Muscle relaxants, page 63, Carisoprodol (Soma).

Decision rationale: Soma 350 MG Qty 30. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility." He was diagnosed with lumbar sprain and strain, and displacement of thoracic or lumbar intervertebral disc without myelopathy.

These notes indicated the injured worker complains of pain in the low back with right greater than the left and numbness to the right foot. Pain is described as shooting down the right leg. He has positive lower paraspinal spasms with weakness and decreased range of motion. The patient has had positive SLR, muscle spasm and limited range of motion. The patient has conditions that are prone to getting intermittent exacerbations. Therefore, the patient had significant objective findings including muscle spasm that would be benefitted by a small quantity of Soma 350 MG Qty 30, used as and when necessary. The request for Soma 350 MG Qty 30 is medically necessary and appropriate for this patient at this time.

Medrol Dose 1 Pack: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Medrol dose pack- See Oral corticosteroids.

Decision rationale: Medrol Dose 1 Pack.CA MTUS guideline Page 37CRPS, medications. Official Disability Guidelines Treatment in Workers' Comp., online edition. MTUS state guideline does not specifically address this issue. Hence ODG used. Chapter: Pain (updated 07/15/15) Medrol dose pack, see Oral corticosteroids. Oral corticosteroids. Medrol (methylprednisolone) dosepak contains a corticosteroid used to treat and control inflammation associated with arthritis and other conditions. MTUS state guideline does not specifically address this issue. Hence ODG used. Per the cited guidelines cited below, oral corticosteroids are "Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)" He was diagnosed with lumbar sprain and strain, and displacement of thoracic or lumbar intervertebral disc without myelopathy. These notes indicated the injured worker complains of pain in the low back with right greater than the left and numbness to the right foot. Pain is described as shooting down the right leg. He has positive lower paraspinal spasms with weakness and decreased range of motion. The patient has had positive SLR, muscle spasm and limited range of motion. As per the cited guideline, Medrol Dose is recommended in limited circumstances for acute radicular pain. The patient had significant objective findings documenting radicular pain that would be benefitted by a Medrol Dose 1 Pack. The request for Medrol Dose 1 Pack is medically necessary and appropriate for this patient at this time.