

Case Number:	CM15-0231286		
Date Assigned:	12/07/2015	Date of Injury:	05/11/2002
Decision Date:	01/11/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/24/2015

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:

This is a 57 year old male with a date of injury on 5-11-2002. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain with radiculopathy status post failed back surgery and bilateral knee pain. According to the progress report dated 10-29-2015, the injured worker complained of pain in his low back and knee. He rated his average pain 7 out of 10, his least pain 4 out of 10 and his worst pain 10 out of 10. He reported no change with his back pain. He was not working. He was able to perform all activities of daily living with modified independence. It was noted that the injured worker had a history of long term Soma and Norco use since 2002, but stopped five months ago after seeing his knee doctor. He was currently taking Advil. Norco and Soma were also listed as current medications (10-29-2015). The physical exam (10-29-2015) revealed tenderness to palpation on the right lower back. There was decreased range of motion of the lumbar spine. There was tenderness to palpation diffusely of the anterior left knee. Treatment has included surgery, physical therapy, cognitive behavioral therapy and medication. The request for authorization was dated 10-29- 2015. The original Utilization Review (UR) (11-5-2015) denied requests for Norco and Soma.

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 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2002 when he fell down six stairs. He injured his neck, back, and left knee. He underwent a left total knee replacement. In February 2014 he underwent an L4/5 and L5/S1 lumbar fusion. When seen in August 2015 he was having bilateral knee and low back pain. Medications had included Norco and Soma which he had stopped taking five months ago. He was currently taking Advil 10 times per day. He had pain rated at 3-10/10. Norco and Lorzone were prescribed. In October 2015 he was using a rolling walker and wearing a left knee and back brace. He had pain rated at 4-10/10 improved when lying flat, standing, and walking. A caudal epidural injection was being planned. There was a pending orthopedic evaluation for his right knee. Physical examination findings included a body mass index of 31. There was lumbar tenderness with decreased range of motion. There was left knee tenderness. Current medications were Norco and Soma. Authorization for physical therapy was requested and the epidural was to be scheduled as soon as possible. Norco 10/325 mg #90 and Soma 350 mg #90 with one refill was prescribed. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid 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 is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Soma 350 mg Qty 180 (Qty 90 with 1 refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury occurring in May 2002 when he fell down six stairs. He injured his neck, back, and left knee. He underwent a left total knee replacement. In February 2014 he underwent an L4/5 and L5/S1 lumbar fusion. When seen in August 2015 he was having bilateral knee and low back pain. Medications had included Norco and Soma which he had stopped taking five months ago. He was currently taking Advil 10 times per day. He had pain rated at 3-10/10. Norco and Lorzone were prescribed. In October 2015 he was using a rolling walker and wearing a left knee and back brace. He had pain rated at 4-10/10 improved when lying flat, standing, and walking. A caudal epidural injection was being planned. There was a pending orthopedic evaluation for his right knee. Physical examination findings included a body mass index of 31. There was lumbar tenderness with decreased range of motion.

There was left knee tenderness. Current medications were Norco and Soma. Authorization for physical therapy was requested and the epidural was to be scheduled as soon as possible. Norco 10/325 mg #90 and Soma 350 mg #90 with one refill was prescribed. 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. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.