

Case Number:	CM15-0231664		
Date Assigned:	12/07/2015	Date of Injury:	04/25/2013
Decision Date:	01/11/2016	UR Denial Date:	11/17/2015
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: 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 43 year old male with a date of injury on 04-25-2012. The injured worker is undergoing treatment for low back pain-herniated nucleus pulposus-central spinal canal stenosis. A physician note dated 07-07-2015 documents he has low back pain and lower extremity pain on the left side which has been worse since the last visit. He rates his pain as 7 out of 10. In a physician note dated 08-04-2015, there is documentation that he has continued low back and left leg pain. "He injured his leg while exercising trying to lose the weight needed for the surgery." He rates his pain as 6 out of 10. A physician note dated 09-29-2015 documents he walks with a cane. He has pain, tenderness and guarding in his low back with pain shooting down his left leg from his low back to the gluteal region, down the posterolateral aspect of this thigh and down to the plantar aspect of his left foot. He has marked limited range of motion of his low back in all directions due to pain. A physician progress note dated 11-03-2015 documents the injured worker has complaints of low back left foot and left leg pain. He rates his pain as 9 out of 10 on the Visual Analog Scale. Symptoms are unchanged since his last visit. There is tenderness present on the right side of the posterior superior iliac spine. The pain is on both sides of the lower back. The pain radiates down both legs left greater than right. He wakes up 3 to 4 times a night due to pain. He had associated limb numbness and weakness. He has positive straight leg raise bilaterally. He is not working. Treatment to date has included diagnostic studies, medications, and past therapy. Current medications include Norco (since at least 06-24-2015), Lyrica (since at least 06-24-2015), and Soma (since at least 06-24-2015). Lumbar Magnetic Resonance Imaging done on 10-25-2015 revealed a slight decrease in size of a

prominent left paracentral L5-S1 disc protrusion with continued left S1-S2 nerve root encroachment. On 11-17-2015 Utilization Review non-certified the request for Lyrica 150mg quantity 60, Norco 10/325mg quantity 100, and Soma 350mg quantity 90, however weaning is recommended a 1 month supply will be allowed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

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 Hydrocodone for several months in combination with NSAIDs without significant improvement in pain or function. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Lyrica 150mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics. There was no significant improvement in pain or function. There is no indication for continued use and the Lyrica is not medically necessary.

Soma 350mg quantity 90: Upheld

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

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

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.