

Case Number:	CM14-0123475		
Date Assigned:	08/08/2014	Date of Injury:	06/15/2004
Decision Date:	11/17/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 year old male who was injured on 06/15/2004. The mechanism of injury is unknown. Prior treatment history has included lumbar epidural steroid injection on 01/03/2014 which provided him with minimal relief. Diagnostic studies reviewed include EMG/NCV dated 03/25/2013 revealed L5-S1 radiculopathy, active denervation at S1 myotomes on the left. Toxicology report dated 05/07/2014 revealed positive results for methadone, hydrocodone, hydromorphone and nor hydrocodone; which are consistent with prescribed medications including methadone, Norco and Lidoderm. Progress report dated 02/05/2014 states the patient presented with complaints of low back pain and left leg pain which he reported has improved. He stated he continues to feel 75% relief from the lumbar epidural steroid injection that he received and is feeling less pain and numbness that shoots down his left leg. He stated he does have back pain with is aggravated with prolonged sitting or standing. On exam, he has a minimal amount of tenderness with direct palpation through the paralumbar muscles with spasm and guarding. He has positive straight leg raise on the left at 70 degrees. He is diagnosed with lumbago and left leg sciatica. He was recommended to continue Soma for his muscles spasms and Norco 10/325 mg. Prior utilization review dated 07/15/2014 states the request for Unknown prescription of Norco and Unknown prescription of Soma is denied as based on the evidence submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication. Quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning. Additionally, nonspecific request for dose and quantity is not reasonable or medically indicated. Therefore, the medical necessity of this request is not established.

Unknown prescription of Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Soma.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case, particularly Soma that has high addictive properties. Therefore, the medical necessity of this request is not established.