

Case Number:	CM14-0137218		
Date Assigned:	09/05/2014	Date of Injury:	01/19/2000
Decision Date:	10/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61-year-old female was reportedly injured on January 19, 2000. The mechanism of injury is noted as pulling a copy machine any way from the wall. The most recent progress note, dated May 12, 2014, indicates that there were ongoing complaints of low back pain. Current medications include OxyContin, Norco, Ambien, and Soma. The physical examination demonstrated spasms and guarding over the lumbar spine. Diagnostic imaging studies of the lumbar spine prior to fusion revealed a left-sided hemi laminectomy at L5 - S1 and a disc bulge at L4 - L5 involving the right L5 nerve root. Previous treatment includes a lumbar spine discectomy and fusion at L5 - S1 and subsequently L4 - L5 and the placement of a Morphine intrathecal pain pump. A request had been made for Soma and Hydrocodone/APAP and was denied in the pre-authorization process on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Centrally Acting Skeletal Muscle Relaxant Page(s): 29.

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

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is Meprobamate, which is highly addictive. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second-line option for the short-term treatment of acute exacerbations of chronic low back pain. Also, The California MTUS specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Additionally the most recent progress note does not indicate that there are exacerbations of pain noted on physical examination. As such, this request for Soma is not medically necessary.

Hydrocodone/APAP 10/325mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short-acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. According to the progress note, dated May 12, 2014, there is no documentation of improved pain and function with the use of this medication. Additionally, the injured employee is stated to use both OxyContin and Norco for breakthrough pain. It is unclear why both of these medications are prescribed for this purpose. Without additional justification, this request for Hydrocodone/APAP 10/325 is not medically necessary.