

Case Number:	CM14-0138102		
Date Assigned:	09/10/2014	Date of Injury:	01/21/1997
Decision Date:	10/06/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a male with date of injury 1/21/1997. Per primary treating physician's progress report dated 9/9/2014, the injured worker continues to have back spasms. On examination he is walking with a cane. There is bilateral tenderness and spasms of the L3-5 and L5-S1 paraspinal muscles. Examination of the lumbar spine shows decreased range of motion. Extension is at 15 degrees, flexion is at 50 degrees, bilateral lateral bending is at 20 degrees and rotation is at 20 degrees. There is pain with palpation of the bilateral SI joint. There is positive FABER sign. There is decreased sensation at left lateral leg and right posterior leg, and unable to balance on left leg. Diagnoses include 1) lumbar radiculopathy 2) spasm of muscle 3) long-term (current) use of medications 4) encounter for therapeutic drug monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) section, Weaning of Medications section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The requesting physician reports that the plan is to taper Soma, having reduced from four tablets per day to three tablets per day, and then two tablets per day on 4/29/2014, and then plan to taper to one tablet per day next month. Although the injured worker is being tapered off Soma, the requesting physician does not provide a rationale for an extended taper of six or more months. The request for Soma 350mg #60 is determined to not be medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The medical reports minimal pain improvement with the use of opioids, and do not indicate that function has improved as a result of the use of opioids. The requesting physician reports that the plan is to taper Norco from six tablets per day as of 4/29/2014, to 5-6 tablets per day, and then four tablets per day on 8/7/2014. Norco 2.5 mg per day is added to help taper down Norco and Soma. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is for a weaning treatment, but to the plan for reducing dosing to three tablets per day is not consistent with 150 tablets being requested. The request for Norco 10/325mg #150 is determined to not be medically necessary.