

Case Number:	CM14-0141274		
Date Assigned:	09/10/2014	Date of Injury:	09/04/2002
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Pain 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:

The injured worker is a 62-year-old male who reported an injury on 09/04/2002. The injured worker was sweeping up plaster on top of roof and fell about 15 to 20 feet to the ground. He sustained pain in his right groin area. The injured worker's treatment history included medications, MRI studies, and surgery. The injured worker had a urine drug screen on 08/12/2014 for Hydrocodone that was not detected in the urine sample. The injured worker was evaluated on 08/12/2014, and it was documented the injured worker complained of continued neck pain rated 8/10 and low back pain rated 5/10. The injured worker also reported continued bilateral upper extremity pain and right lower extremity pain. Clinical findings were noted as unchanged from the previous progress evaluation on 06/20/2014, and diagnoses were unchanged as well. The injured worker was noted to utilize Norco and Soma which were reported to help with symptoms. Medications included Norco 10/325 mg and Soma 350 mg. The diagnoses included cervical spine strain and headaches, rule out C7-8 radiculopathy, right uncovertebral and facet degenerative changes at C4-5 and C5-6, straightening of normal cervical lordosis, lumbar sprain, and left greater than right sciatica. Request for Authorization dated 08/13/ 2014 was for Norco 10/325 mg and Soma 350 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to indicate pain relief using visual analogue scale measurements before and after the injured worker taking Norco. There was lack of documentation of long term functional improvement for the injured worker. The urine drug screen submitted on 08/13/2014 was negative for opioid usage. The request submitted for review failed to include frequency and duration of medication. Given the above, the request for Norco 10/325 mg is not medically necessary.

Soma 350mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) & Muscle Relaxants Page(s): 29, 63.

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documents submitted lacked outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. Furthermore, the documentation failed to indicate how long the injured worker has been on Soma. In addition, the guidelines do not recommend Soma to be used for long-term use. The request failed to include frequency and duration of medication. Given the above, the request for Soma 350 mg, #30, with 1 refill is not medically necessary.