

Case Number:	CM14-0161076		
Date Assigned:	10/06/2014	Date of Injury:	01/27/2011
Decision Date:	10/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain Management, 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 31 year old male with a date of injury on 1/27/2011. As per the report of 8/22/14, he complained of constant aching pain in the lumbosacral junction over the sacrum and the left buttock. He stated that the pain extended to the dorsal aspect of the left foot. He had burning pain in both legs and the thighs. About 95% of his pain was in his back and 5% was below the knee. He rated the pain as 5/10 with medications and 10/10 without. He reported 50% pain relief and functional improvement with Percocet. He reported relief of back spasms with Soma and relief of shooting leg pain with Valium. He was weaned off OxyContin and Valium. He also had opioid induced constipation. His lumbar spine exam showed spasm in the lower lumbar paravertebral muscles bilaterally. He had a positive Faber's test bilaterally, painful extension and flexion, and positive straight leg raise test at 40 degrees bilaterally. The urine drug screen from 7/25/14 was positive for Diazepam, Meprobamate, Oxycodone, and Oxymorphone. However, it was consistent with compliance. Magnetic resonance imaging of the lumbar spine done on 9/21/13 revealed high intensity zone at L5-S1 only. He underwent a three-level lumbar fusion surgery on 3/14/14. His current medications include Lunesta, Omeprazole, Soma, Percocet, Endocet, Ambien, Docusate calcium, Lidoderm, and Dilaudid. The past treatments have included physical therapy, chiropractic, acupuncture, epidural steroid injections, medication management with anti-depressants, anti-epilepsy drugs, as well as opioids. There was no documentation of prior Norco usage. The diagnosis is degenerative disc disease, lumbosacral. The requests for Norco 10/325 mg, #120 and Soma 350 mg, #60 were denied on 09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 74, 91.

Decision rationale: Norco (hydrocodone + acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioid, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen. There is no documentation of significant improvement in pain level (i.e. visual analog scale) or function specifically with prior use to demonstrate the efficacy of this medication. Furthermore, the urine drug test was positive for Oxycodone and Oxymorphone. Concurrent use of multiple short-acting opioids is not recommended. Long-acting opioids should be considered when continuous around the clock pain relief is desired. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

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

Decision rationale: Per guidelines, 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). 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin; and (5) as a combination with codeine. In this case, there is no substantial evidence of spasm or unresponsiveness to first line treatment. There is no documentation of any significant improvement in pain and function with prior use. Chronic use of muscle relaxants is not recommended. Therefore, the medical necessity of the request is not established per guidelines and the available clinical information.

