

Case Number:	CM14-0168792		
Date Assigned:	10/16/2014	Date of Injury:	02/10/2013
Decision Date:	11/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in Interventional Spine 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 patient is a 23-year-old male with a date of injury of 02/10/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar spine sprain/strain with L3-L4 3-mm disk bulge, L4-L5 3- to 4-mm disk bulge, and L5-S1 3- to 4-mm disk bulge. 2. Left lower extremity radiculopathy. According to progress report 09/03/2014, the patient presents with low back pain that radiates into the left buttock and left posterior thigh. He has persistent numbness and tingling. He is also complaining of insomnia. The patient's current medication regimen consists of Norco for breakthrough pain, Soma for spasm, and diclofenac for antiinflammatory effects. The patient's current pain is rated as 4/10 with medication, and without medication he rates his pain as 6/10. The patient notes 30 to 40% improvement in pain and function with current medications. He notes improved ability to walk for longer distances and perform activities of daily living including light household chores, assist with meal preparation and grocery shopping. He is able to stretch daily. Without medication, he reports 50% reduction in his ability to ambulate or participate in ADLs. The patient shows no evidence of drug-seeking behavior and is currently utilizing his medication as prescribed. The patient has a signed medication agreement and continues to be compliant. He has completed an opioid risk assessment file and was found to be a moderate risk for opiate abuse. He was administered a urine drug screen on 06/09/2014 which was consistent with the medications prescribed. Examination of the lower back revealed bilateral lumbar paraspinous tenderness with +2 palpable muscle spasm present, decreased range of motion, and positive straight leg raise on the left. The treater is requesting a refill of Norco 10/325 mg and Soma 350 mg #30. Utilization review denied the request on 10/03/2014. Treatment reports from 04/15/2013 through 09/03/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: This patient presents with continued low back pain with left lower extremity radiculopathy. The treater is requesting a refill of Norco 10/325 mg p.r.n. for moderate to severe pain #30. Utilization review denied the request stating "the records indicate that no new prescription for hydrocodone or carisoprodol was provided at the recent office visit." The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco since at least 04/15/2014. In this case, the treater has provided pain assessment indicating a decrease in pain with medications. The patient report he is able to walk for longer distances and perform activities of daily living including light household chores, assist with meal preparation and grocery shopping. Patient has not side-effects to medication and UDS confirms that the patient is compliant with the medication prescribed. Discussion and documentation has been sufficiently provided per MTUS guidelines above. The request is medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: This patient presents with continued low back pain with left lower extremity radiculopathy. The treater is requesting a refill of Soma 350 mg #30. The MTUS Guidelines page 63 regarding muscle relaxants states, "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, review of the medical indicates the patient has been utilizing Soma for muscle spasms since at least 04/15/2014. Given that this medication is not indicated for long-term use. The request is not medically necessary.

