

Case Number:	CM14-0177033		
Date Assigned:	10/30/2014	Date of Injury:	03/15/2012
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/24/2014

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 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:

According to the records made available for review, this is a 49-year-old male with a 3/15/12 date of injury. At the time (7/14/14) of request for authorization for Norco 10/325 mg, #120; Soma 350 mg, #90; and Ultram ER 150 mg, #60, there is documentation of subjective (increased lower back pain with worsened right lower extremity pain associated with numbness and tingling) and objective (midline tenderness over the L3-S1 areas, antalgic gait, pain with range of motion, positive Lasegue's test, positive straight leg raising test, altered sensation in right lower extremity, and weakness of right lower extremity) findings, current diagnoses (possible lumbar discogenic pain, possible bilateral lumbar facet pain, and possible lumbar sprain/strain), and treatment to date (medications (including ongoing treatment with Norco, Soma, and Ultram), chiropractic therapy, physical therapy, epidural steroid injections, and treatment with TENS unit). Medical report identifies that there is ongoing opioid treatment assessment; and that medications provide 50% pain relief and improve the patient's ability to function and perform activities of daily living. Regarding Soma, there is no documentation of short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of possible lumbar discogenic pain, possible bilateral lumbar facet pain, and possible lumbar sprain/strain. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation that there is ongoing opioid treatment assessment, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that "medications provide 50% pain relief and improves the patient's ability to function and perform activities of daily living", there is no (clear) documentation of functional benefit and improvement as an increase in activity tolerance as a specific result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Norco 10/325 mg, #120 is not medically necessary.

Soma 350 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of possible lumbar discogenic pain, possible bilateral lumbar facet pain, and possible lumbar sprain/strain. In addition, given documentation of ongoing treatment with opioids, there is documentation of Soma used as a second line option.

However, given documentation that "medications provide 50% pain relief and improves the patient's ability to function and perform activities of daily living", there is no (clear) documentation of functional benefit and improvement as an increase in activity tolerance as a specific result of Soma use to date. In addition, there is no documentation of muscle spasm or acute exacerbations of chronic low back pain. Furthermore, given documentation of ongoing treatment with Soma, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma 350 mg, #90 is not medically necessary.

Ultram ER 150 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of possible lumbar discogenic pain, possible bilateral lumbar facet pain, and possible lumbar sprain/strain. In addition, given documentation that there is ongoing opioid treatment assessment, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is documentation of pain and ongoing treatment with Ultram. Moreover, given documentation of ongoing treatment with opioids, there is documentation of Ultram used as a second-line treatment (in combination with first-line drugs). However, given documentation that "medications provide 50% pain relief and improves the patient's ability to function and perform activities of daily living", there is no (clear) documentation of functional benefit and improvement as an increase in activity tolerance as a specific result of Ultram use to date. Therefore, based on guidelines and a review of the evidence, the request for Ultram ER 150 mg, #60 is not medically necessary.