

Case Number:	CM14-0081557		
Date Assigned:	07/18/2014	Date of Injury:	03/25/2013
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 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:

The patient is a 34-year-old male who has submitted a claim for chronic lumbosacral spine and bilateral sacroiliac joint strain associated with an industrial injury date of March 25, 2013. Medical records from August, 2013 up to April 15, 2014 were reviewed showing pain in lower back extending all the way up to his neck. Pain has radiations to both legs. He still has difficulty sleeping. Pain was rated at 10/10 in severity without medications and 7-8/10 in severity with medications. He states that he has fallen twice due to his legs "giving out." He did not injure himself. Physical examination revealed anteflexion of the trunk, paracervical tenderness from C2 to C7-T1, parathoracic tenderness from T1 to T12-L1, paralumbar tenderness from L1 to L5-S1, and bilateral sacroiliac and trochanteric tenderness. Lumbar and thoracic spasms were present. MRI of the lumbar spine dated May 5, 2013 showed L2-L3 disc protrusion with an annular tear, L4-L5 disc protrusion with osteophyte complex, and L5-S1 disc extrusion. Treatment to date has included Norco 10/325mg, Soma 350mg, Celebrex, Parafon Forte, Dolobid, Motrin, and Naprosyn. Utilization review from May 5, 2014 denied the request Soma 350mg #120 with no refills and certified the request for Norco 10/325mg #120 with no refills. Soma is not recommended for long-term usage. There was a final authorization for Soma dated November 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with no refills: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic low back pain is only recommended for short-term pain relief. It should be noted that utilization review from May 5, 2014 certified this request. In this case, the patient has been taking Norco since December 2013. There has been a decrease in pain intensity with using this medication. However, there was no documentation concerning functional improvement. No urine drug screen was likewise available for review. Therefore the request for Norco 10/325mg #120 with no refills is not medically necessary.

Soma 350mg #120 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29,65.

Decision rationale: As seen on page 65 of CA-MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. In this case, the patient has been taking Soma 350mg since December 2013. As clearly stated, this medication is not recommended for long-term use. Therefore the request for Soma 350mg #120 with no refills is not medically necessary.