

Case Number:	CM14-0215344		
Date Assigned:	01/02/2015	Date of Injury:	01/21/1997
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 man with a date of injury of 1/21/97. He was seen by his primary treating physician on 12/30/14 complaining of back spasms. He indicated that his pain would be intolerable if he stopped his soma and norco. He had been trying to slowly taper. He was receiving acupuncture which was helpful. The records document that they discussed soma and how it might be adding to the spasms'. He was exercising and able to walk two miles. His exam showed tenderness and spasms of L3-5 and L5-S1 paraspinal muscles and decreased lumbar spine range of motion. He had a positive FABER sign and pain with palpation of the SI joint. He had decreased left lateral and right posterior leg sensation. His assessment was lumbar radiculopathy, spasm of muscle, long-term (current) use of medications and encounter for therapeutic drug monitoring. At issue in this review is the request for the medications: norco and soma.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 1997. The medical course has included numerous treatment modalities including use of several medications including narcotics and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 12/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to norco to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.

Soma 350 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 1997. The medical course has included numerous treatment modalities including use of several medications including narcotics and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 12/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify use. In fact, the note documents that the soma may actually be 'adding to his spasms'. The medical necessity of soma is not substantiated in the records.