

Case Number:	CM14-0217997		
Date Assigned:	01/07/2015	Date of Injury:	08/29/1997
Decision Date:	03/03/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 59 year old female who sustained a work related injury on August 29, 1997. The mechanism of injury was not provided. Current documentation dated November 17, 2014 notes the injured worker presented with ongoing severe bilateral lower extremity pain due to her L3 through L5 herniated discs. The MRI report was not submitted for review. Current medications include Flexeril, Gabapentin, Lidocaine Patch, Celebrex, Nortriptyline Hcl, Soma, Triamterene, Phentermine Hcl, Carisoprodol, Voltaren 1% Gel and Norco. Physical examination revealed low back pain which radiated to her bilateral thighs. Muscle strength was noted to be a 4+/5 bilaterally, limited by pain. Diagnosis is severe degenerative disc disease with herniated discs at the L3-L4 and L4-L5 levels. Prior treatment has included pain medications, a transcutaneous electrical nerve stimulation unit and psychiatric evaluations related to stress and anxiety. Work status is temporarily totally disabled. The treating physician requested Norco 10/325 mg and Soma 350 mg. Utilization Review evaluated and denied the requests on December 17, 2014. In regards to the Norco, Utilization Review notes that there was lack of evidence of decreased pain in terms of the Visual Analogue Scale and lack of documentation of a clear objective functional improvement from the continued use of the medication. As per guidelines, continuation of opioids is recommended if the injured worker has returned to work and has improved functioning and pain. In regards to the Soma, this antispasmodic is not indicated for long-term use. It is unclear in the records as to how long the injured worker was on this medication and there is lack of documentation of muscle spasms noted on the examination. Furthermore, the combination of Carisoprodol with Norco is not recommended due to the

potential for abuse. Based on the CA MTUS Chronic Pain Medical Treatment Guidelines the medical necessity of the requests was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (dosage and quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) section Weaning of Medications section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means.

Norco (dosage and quantity unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. This injured worker has been injured for over 17 years and remains temporarily totally disabled. There is no indication that chronic opioid treatment is providing her with significant pain reduction and objective functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment.