

Case Number:	CM14-0218667		
Date Assigned:	01/08/2015	Date of Injury:	07/06/2002
Decision Date:	03/09/2015	UR Denial Date:	12/18/2014
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56 year old male who sustained a work related injury July 6, 2002 while lifting a refrigerator from a seven to eight foot high rack and experienced low back pain. According to a treating physician's report dated October 28, 2014, physical examination reveals moderate generalized tenderness in the lumbar area. Movement is mildly restricted in all directions, normal stability. Gait is intact, posture normal, Romberg negative, and does not use mobility aids. Diagnoses are documented as Disc degeneration lumbar lumbosacral; lumbago; lumbar radiculopathy; and numbness paresthesia of skin. Treatment included medications and return visit in one month. According to a treating physician's report signed November 20, 2014, he has been able to maintain daily function with the use of appropriate medication. He has been on Naproxen continuously since May 2007, hydrocodone since 2005, and he is compliant with the drug testing program. He has been declared permanent and stationary and there is not an expectation of complete recovery. There is no physical examination provided for this service date. According to utilization review performed December 18, 2014, the requests for Anaprox and a follow-up visit (1) were certified. The request for Norco 10/325mg #120 is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, without evidence of functional improvement from its use, the retrospective request is non-certified. Of note, Norco had been prescribed since 2005 with no clear documented evidence. The request for Carisoprodol 350mg #90 is non-certified. Citing MTUS Guidelines Carisoprodol has been prescribed on a consistent basis since September of 2014, which exceeds the recommended treatment duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #120: 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): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several years without significant improvement in pain or function. It was used in combination of an NSAID. There was no indication of Tylenol failure or reason for combining an NSAID with an opioid. In addition, pain scores and response to individual medication is unknown. The continued use of Norco is not medically necessary

1 PRESCRIPTION OF CARISOPRODOL 350MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma/Carsiprodolol Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The claimant had been on SOMA for several months. The continued use of SOMA is not medically necessary.