

Case Number:	CM15-0009813		
Date Assigned:	01/27/2015	Date of Injury:	06/14/2013
Decision Date:	03/19/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 30 year old male who sustained an industrial injury on 6/14/2013. He has reported low back pain. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, chronic right wrist sprain, chronic fascial pain and chronic right lower extremity radiculopathy. Treatment to date has included therapy, home exercises and medication management. Currently, the IW complains of low back pain. Treatment plan included Norco 5/325mg #180, Celebrex 100 mg #60 with 3 refills and Soma 350 mg #120. On 1/12/2015, Utilization Review modified the Norco from #180 to #90 and Soma from #120 to 60 to allow for weaning and non-certified the Celebrex, noting the lack of medical necessity. The MTUS was cited. On 1/16/2015, the injured worker submitted an application for IMR for Norco 5/325mg #180, Celebrex 100 mg #60 with 3 refills and Soma 350 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 180: Upheld

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

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

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation concluded the worker was suffering from lower back pain that went into both legs. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion describing how long the benefit from this specific medication lasted, how often it was needed and used, how it was determined the lowest dose was prescribed, or the amount of time it took to achieve pain relief. In the absence of such evidence, the current request for 180 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Celebrex 100mg quantity 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): page 67-73.

Decision rationale: Celebrex (celecoxib) is a medication in the selective non-steroidal anti-inflammatory drug (NSAID) class. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation concluded the worker was experiencing lower back pain that went into both legs. The recorded pain assessments were minimal and did not describe improved pain intensity or function with this specific medication, explore potential negative effects, describe monitoring for complications, or detail the worker's individualized risk. In the absence of such evidence, the current request for sixty tablets of Celebrex (celecoxib) 100mg with three refills is not medically necessary.

Soma 350mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma), Weaning of Medications Page(s): page(s) 63-66, page 29, p.

Decision rationale: Soma (carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records concluded the worker was experiencing lower back pain that went into both legs. These records indicated the worker had been prescribed carisoprodol for a prolonged period of time. There was no discussion suggesting a recent flare of lower back pain or describing special circumstances that would sufficiently support this request. In the absence of such evidence, the current request for 120 tablets of Soma (carisoprodol) 350mg is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker.