MAXIMUS Federal Services

Case Number:	CM15-0012385		
Date Assigned:	01/29/2015	Date of Injury:	09/04/2002
Decision Date:	03/19/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/21/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 62 year old male, who sustained an industrial injury on 9/4/2002. The current diagnoses are cervical spine stain, headaches, rule out C7-C8 radiculopathy, lumbar spine strain, and sciatica, left greater than right. Currently, the injured worker complains of cervical spine pain that radiates to the bilateral upper extremities, but mainly to the shoulders. The pain is rated 5/10 on a subjective pain scale. The pain is characterized as a constant, dull to sharp pain. Additionally, he reports lumbar spine pain that radiates occasionally to the bilateral lower extremities to the feet. The pain is rated 1-2/10 on average and 6/10 with flare-ups. Treatment to date has included medications. A lumbar epidural steroid injection was authorized; however, the injured worker decided to hold off. An MRI on 10/18/2012 was positive for L5-S1 disc protrusion. The treating physician is requesting Norco 10/325mg #60 and Soma 350mg #30, which is now under review. On 1/10/2015, Utilization Review had non-certified a request for Norco 10/325mg #60 and Soma 350mg #30. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (hydrocodone/Acetaminophen); when to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 10/325mg #60 is not medically necessary.

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Chronic Pain, Soma (Carisoprodol)

Decision rationale: MTUS states regarding Crisoprodol, "not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs."ODG States that Soma is "not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use."Guidelines do not recommend long term usage of SOMA, this patient has been on Soma since at least 2012. Treating physician does not detail circumstances that would warrant extended usage. As such, the request for Soma 350mg #30 is not medically necessary.