

Case Number:	CM15-0111763		
Date Assigned:	06/18/2015	Date of Injury:	07/01/2008
Decision Date:	07/16/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/09/2015

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: Connecticut, California, Virginia

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:

The injured worker is a 48 year old female, who sustained an industrial injury on 7/1/08. Initial complaints were not reviewed. The injured worker was diagnosed as having status post intertransverse fusion T12-L1 with placement of pedicle screw fixation (11/20/14); status post multiple paraspinal operations; residual lower extremity pain and weakness with intermittent giving way episodes; bilateral knee ecchymosis/abrasions; left elbow ecchymosis and abrasions; persistent epigastric pain; anxiety, depression and generalized distress; status post foot surgery with aggravation. Treatment to date has included lumbar status post lumbar anterior/posterior decompression and fusion at L4-5 and L5-S1 (3/14/13); epidural steroid injection (9/9/14); status post posterior fusion T12-L1 (11/20/14); urine drug screening; medications. Diagnostics included EMG/NCV study bilateral lower extremities (6/5/12); CT scan Lumbar spine (8/19/13); x-rays lumbar spine (9/3/14). Currently, the PR-2 notes dated 4/13/15 5/15/15 indicated the injured worker complains of constant and severe low back pain rated 10/10. The pain radiates to the bilateral lower extremities with the left side worse than the right at a pain level 10/10. The pain is associated with numbness and tingling sensation in the lower extremities with weakness and associated with spasms in the bilateral legs left worse than the right. She states the low back condition has gradually worsened over the past few weeks. In addition she complains of anxiety and depression and dizziness. She is a status post posterior fusion T12-L1 of 11/20/14. Additionally, the injured worker reports she has an elevator accident on 5/13/15 where she was struck by the closing doors. Her current medications include Soma 350mg and Norco 10/325mg. On physical examination, she has a guarded slow gait with a slight forward lean. The lumbar

spine reveals limited range of motion with flexion at 20/60 degrees, extension at 0/25 degrees, right lateral bend 5/25 and left lateral bend at 10/25 degrees. Orthopedic testing reveals positive straight leg raise, Braggard's and femoral stretch tests bilaterally. Motor strength weakness is noted in the bilateral hip flexor at 4/5. Slight sensory deficit is noted over the anterior thigh area bilaterally. Valsalva maneuver is positive. Hoffman's signs are also positive bilaterally. X-rays of the lumbar spine in 2 views were taken on this date revealing the hardware and bone graft to be in excellent position at L4-S1. Solid fusion is noted at L4 through S1. Posterior hardware is also noted at T12-L1. There is possible pseudoarthrosis. The screws are located in the vertebral body of T12. Marked disc space narrowing is also noted at T12-L1. The provider's treatment plan is to get a CT scan of the lumbar spine to for further treatment evaluation. He is also requesting medication authorization of Soma 350mg #60 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Qty 60: 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 Soma Page(s): 29.

Decision rationale: The MTUS does not recommend use of Soma, as 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. In this case, due to the chronicity of the patient's symptoms and the contraindication for use per the guidelines, the request was reasonably modified by UR to facilitate a taper, and therefore the initial request is not considered to be medically necessary.

Norco 10/325mg Qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with

documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.