

Case Number:	CM15-0114747		
Date Assigned:	06/23/2015	Date of Injury:	01/21/2010
Decision Date:	07/28/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York
 Certification(s)/Specialty: Emergency 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 52 year old female who sustained an industrial injury on 01/21/2010. Current diagnoses include depression, sleep disorder, lumbar spine disc herniation, and right hip early arthritic changes. Previous treatments included medication, epidural steroid injections, psychotherapy, biofeedback therapy, and home exercise program. Previous diagnostic studies include a lumbar spine MRI dated 04/27/2015 which revealed stable 3-4 mm disc bulges, right foraminal narrowing, and bilateral hyper trophy at L4-L5 and L5-S1, and stable 2 mm disc bulges from L1-L2 and L3-L4 with mild facet hypertrophy at the L3-L4. Report dated 03/24/2015 noted that the injured worker presented with constant pain in her bilateral lower back pain which travels to the right lower extremity with associated numbness and tingling in the right lower extremity, and right hip pain which travels to the right lower extremity. Pain level was 8-9 (lower back) and 8 (right hip) out of 10 on a visual analog scale (VAS) without medications. Also noted was difficulty sleeping due to pain, anxiety, depression, decreased muscle mass, decreased strength, and decreased energy levels. It was noted that rest, activity modification, and heat help to reduce pain. Current medication regimen includes Norco 10/325 mg for pain, Soma 350 mg for muscle spasms, Xanax 0.5 mg for anxiety, Celexa 40 mg for depression. Physical examination revealed positive Milgram's test on both sides, straight leg raise test is positive on both sides, tenderness and spasms at levels T12-S1, decreased lumbar range of motion which is limited by pain, spasm, and swelling. The treatment plan included request for neurosurgery consultation, recommendation to continue on medications and topical analgesics which included Nystata cream for pain, Norco 10/325 mg for pain, and Soma 350 mg for muscle spasms, and

continue activity modification and home exercise program. It was noted that the injured worker has failed epidural injections. Disputed treatments include Norco, Soma, Nystata cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Criteria for use of opioids, Weaning of Medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids for chronic pain, Opioids-long-term assessment, Hydrocodone/Acetaminophen (Norco) Page(s): 74, 76-82, 88-90, and 91.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The documentation submitted failed to support the recommendations set forth by the MTUS chronic pain medical treatment guidelines. There was no documentation of improved pain levels with use of medication, nor did the documentation support improved functionality. There has been no change in the dosage or frequency of use. Therefore, the request for Norco 10/325 mg, #120 is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol (Soma) Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics-Carisoprodol (Soma) Page(s): 63-65.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of muscle relaxants for pain and antispasmodics. Recommendation is for non-sedating muscle relaxants for treatment of acute exacerbations in patients with chronic low back pain. Carisoprodol (Soma) is not recommended for longer than a 2-3 week period. The documentation submitted supports that the injured worker has chronic low back pain with continued muscle spasms and has been prescribed Soma for longer than 2-3 weeks with no improvement of muscle spasms. Therefore, the request for Soma 350 mg, #60 is not medically necessary.

Nystata cream 60g 1%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/326494.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=nystatin+cream>.

Decision rationale: Ca MTUS and ODG guidelines are silent on this topic. Nystata cream contains nystatin, an antifungal medication. The documentation does not indicate the IW has a fungal infection requiring ongoing use of this medication. There is no documentation of effects from previous use of this medication. The request does not include location or frequency of application. Without this medication, the request is not medically necessary.