

Case Number:	CM15-0115203		
Date Assigned:	06/23/2015	Date of Injury:	05/12/2005
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61-year-old female, who sustained an industrial injury on 5/12/05. The injured worker was diagnosed as having acute on chronic bilateral foot pain status post multiple surgeries, chronic pain syndrome, opioid tolerance, status post right ulnar transposition surgery in June 2014, and left upper extremity bone spur removal. Treatment to date has included ankle braces, physical therapy, and medication. The injured worker had been taking Soma and Norco since at least 9/2/14. On 5/5/15, pain was rated as 8/10 without medications and 4/10 with medications. Currently, the injured worker complains of right ankle pain and right great toe pain. The treating physician requested authorization for Soma 350mg #30 and Norco 7.5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

Decision rationale: The claimant sustained a work injury in May 2005 and continues to be treated for right ankle and foot pain. Medications are referenced as decreasing pain from 8/10 to 4/10 and as having been weaned to the lowest effective dose. When seen, she had left lower extremity weakness. Medications that had been prescribed included Norco at a total MED (morphine equivalent dose) of 7.5 mg per day. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there were no muscle spasms when the claimant was seen and she had been without Soma. Prescribing Soma was not medically necessary.

Norco 7.5/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2005 and continues to be treated for right ankle and foot pain. Medications are referenced as decreasing pain from 8/10 to 4/10 and as having been weaned to the lowest effective dose. When seen, she had left lower extremity weakness. Medications that had been prescribed included Norco at a total MED (morphine equivalent dose) of 7.5 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing pain control. The total MED was less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.