

Case Number:	CM15-0116003		
Date Assigned:	06/30/2015	Date of Injury:	06/13/1991
Decision Date:	08/27/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 65 year old, female who sustained a work related injury on 6/13/91. The diagnoses have included lumbar spondylosis, low back pain, lumbar spinal stenosis and lumbar degenerative disc disease. Treatments have included medications, epidural injections and home exercises. In the Progress Note dated 4/13/15, the injured worker rates the pain level 4/10. In a progress note dated 11/24/14, the provider states she "is actually taking less Norco then needed on certain days." In a progress note dated 1/19/15, was not taking Soma and Nabumetone due to non approval. In Utilization Reviews performed on 1/13/15 and 2/6/15, Soma, Nabumetone and Norco were not certified. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65, 105.

Decision rationale: Per MTUS guidelines, this medication is not indicated for long-term use. Evidence does not recommend Soma (Carisoprodol) for chronic use. It is recommended for treatment no longer than 2 to 3 weeks. " 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." Soma is an antispasmodic agent. She has been on this medication for at least 5 months. The submitted request does not include dosing or frequency. There is no documentation on how the Soma is working to help relieve her pain/spasms. There is no documentation that it helps to decrease her pain or to improve her functional abilities to complete activities of daily living. Therefore, the request for Soma is not medically necessary.

Norco 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 80, 91, 124.

Decision rationale: Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. It is recommended for short-term use in clients with low back pain. "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." Long-term use of opioids are not recommended. It is noted that the injured worker has been on this medication for at least 5 months. There are no documented changes in his functional capabilities from visit to visit. There are no improvements in pain levels. There is no documentation noted about how much of the medication he is using, how long it takes the medication to start working or how long any pain relief lasts. Documentation does not include a toxicology screen as recommended by the guidelines. The submitted request does not include dosing or frequency. Weaning of this medication should be considered before abruptly discontinuing due to possibility of withdrawal issues. Since there is no documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity, this request for Norco is not medically necessary.

Nabumetone 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

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

Decision rationale: Per CA MTUS guidelines, NSAIDs, such as Nabumetone, are recommended at the lowest dose for the shortest period of time for a client who has moderate to severe pain. They are recommended for osteoarthritis pain and chronic back pain for short-term symptomatic pain relief. "There is inconsistent evidence for the use of these medications

to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004) (Gore, 2006)" Clients who take NSAIDS run the risk of developing gastrointestinal or cardiovascular events. She has been taking this medications for at least 5 months. There is no dosing or frequency noted for taking this medication. There are no changes in pain levels, no documentation noted that this medication is helping pain or documentation to note if it is improving her functional capabilities. Therefore, the request for Nabumetone is not medically necessary.