MAXIMUS Federal Services

Case Number:	CM15-0118320		
Date Assigned:	06/26/2015	Date of Injury:	01/13/2003
Decision Date:	07/27/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 1/13/03. The diagnoses have included lumbar disc displacement, post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease (DDD), sacroiliac pain and knee pain. Treatment to date has included medications, activity modifications, diagnostic x-rays of the lumbar spine and Magnetic Resonance Imaging (MRI) of the lumbar spine, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 5/13/15, the injured worker complains of back pain that radiates from low back down the left leg and knee pain. The pain is rated 4-7/10 on pain scale with medication and 9/10 without medications. He reports poor sleep quality due to pain and decreased activity levels. He reports that the medications help alleviate the pain. The objective findings reveal that he has a right side antalgic slowed, stooped, wide based gait and ambulates with a cane. The lumbar spine exam reveals restricted lumbar range of motion, spasm, tenderness and tight muscle band on palpation, spinous tenderness, positive lumbar facet loading on the left, positive straight leg raise on the left and tenderness over the sacroiliac spine. The current medications included Hydrocodone Acetaminophen, Soma, Cyclobenzaprine, and Lidoderm patch. There are no previous urine drug screen reports noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone for over 5 years, which increases side effect risks and abuse potential. The continued and chronic use of SOMA is not medically necessary.

Hydrocodone Acetaminophen 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for over 5 years and recently in combination with cannabinoids (Marijuana). There was no mention of Tylenol or weaning failure. Chronis use is not recommended. The continued use of Norco is not medically necessary.