

Case Number:	CM15-0121308		
Date Assigned:	07/02/2015	Date of Injury:	01/03/2002
Decision Date:	08/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/23/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female who sustained an industrial /work injury on 1/3/02. She reported an initial complaint of back and knee pain. The injured worker was diagnosed as having lumbar degenerative joint disease. Treatment to date included medication, diagnostic testing, neurosurgery consult, steroid epidural injection, and physical therapy. MRI results reported on 5/11/15 included lumbar spondylosis, and lumbosacral or thoracic radiculopathy. Currently, the injured worker complained of flare-ups of back pain, spasms, shooting down the right leg more than the left leg. Pain is rated 8-9/10 without medication and 4/10 with medication. Per the primary physician's report (PR-2) on 5/12/15, examination revealed palpable spasms in the back, reduced range of motion, sensory loss to light touch and pinprick at the right lateral calf and bottom of the foot, ambulates with a limp, absent right Achilles reflex, 4/5 weakness in right thigh flexion, knee extension, and great toe extension, by comparison to the left. Bilateral knee exam reveals full range of motion, crepitus passively on flexion to extension of both knees. Current plan of care included medication refill. The requested treatments include Norco 10/325 mg, Soma 350 mg, and Lidoderm Patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Soma 350mg #30: Upheld

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

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

Decision rationale: MTUS does not recommend use of Carisoprodol (Soma), particularly for long-term use or in combination with hydrocodone or other opioids. This medication has abuse potential for sedative and relaxant effects; abuse has also been noted in order to augment or alter effects of other drugs. MTUS recommends other first-line medications rather than Soma for pain or muscle spasm. The records do not provide an alternate rationale to support this request. This medication is not medically necessary.

Lidoderm patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Lidoderm Page(s): 112.

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.