

Case Number:	CM15-0125263		
Date Assigned:	07/09/2015	Date of Injury:	03/05/2007
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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: California

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 63-year-old male, who sustained an industrial injury on 03/05/2007. He has reported injury to the left arm, neck, and the upper and low back. The diagnoses have included musculoligamentous cervical spine sprain/strain; multi-level cervical spondylosis, most prominent at C5-C6 and C6-C7; chronic neck pain with left radiculopathy; chronic low back pain with left radiculopathy; degenerative disc disease with left L3 nerve root impingement; lumbar radiculopathy; and sacroiliitis. Treatment to date has included medications, diagnostics, injection, physical therapy, and home exercise program. Medications have included Norco, MS Contin, Soma, and Nexium. A progress note from the treating physician, dated 05/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant low back pain which radiates to the bilateral lower extremities; the pain at its worse is rated at 10/10 on the pain scale; the pain is described as aching, burning, numbing, shooting, stabbing, and throbbing; the pain is worst in the morning and without medications; on average, he rates his pain at 7/10 with medications; possible surgery in the future for the cervical spine; no change with the pain in his neck, but more spasm now; he is able to complete activities of daily living with his current medications; and he currently takes Norco 10/325 mg five times per day with moderate relief of pain. It is noted in the submitted documentation that a cervical epidural injection was helpful in the past, and physical therapy made the pain worse. Objective findings included no significant changes noted in the physical examination in this follow-up visit; he is well developed and poorly nourished; he is in no acute distress; and has a non-antalgic gait. The treatment plan has included the request for Soma 350mg #30; and Norco 10/325mg #150.

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 Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In fact, the patient has been on this since at least February 2015 based upon the submitted records, and continuation of several months is not within guidelines. Given this, the currently requested carisoprodol (Soma) is not medically necessary.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. The notes indicate that function is assessed, but the provider states only that function is "at baseline." There should be additional descriptors to warrant continuation of opioids. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically

necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supplies the requisite monitoring documentation to continue this medication.