

Case Number:	CM15-0172372		
Date Assigned:	09/14/2015	Date of Injury:	02/25/2013
Decision Date:	11/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 40-year-old female, who sustained an industrial injury on February 25, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbago, thoracic-lumbar neuritis, displaced lumbar intervertebral disc and spondylosis. Treatment to date has included diagnostic studies and medications. On August 11, 2015, the injured worker complained of throbbing back pain that travels down her right leg. She reported slight improvement since her last exam visit. Her medications were noted to enable her to function as well as diminish her pain to an "acceptable level." Notes stated that she had a limp favoring her right, a stooping posture along with falls. The treatment plan included Norco, Alprazolam, Soma, a cane for support, lumbar epidural steroid injection and a follow up visit. She was advised to use a cane for support. On August 21, 2015, utilization review denied a request for Norco, Alprazolam, Soma and the purchase of one cane for support to lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Norco 10/325 is not medically necessary.

Alprazolam 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per the California MTUS guidelines, benzodiazepines are: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." This patient has been documented to have long term, chronic neuropathic and musculoskeletal pain to the thoracic and lumbar spine. Per MTUS, benzodiazepines should not be utilized for treatment of chronic pain. The patient has been prescribed Ativan for longer than 4 weeks and is at high risk for dependence. Therefore, based on the submitted medical documentation, the request for alprazolam is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, soma is a DEA Class IV muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been diagnosed with chronic back pain of the lumbar and thoracic spine. Per MTUS, the use of a muscle relaxant is not indicated for these diagnoses. Therefore, based on the submitted medical documentation, the request for Soma is not medically necessary.

Purchase of one cane for support to lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Back Pain, Crutches/Canes.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS guidelines and the ACOEM Guidelines do not specifically address this topic. Per ODG Guidelines, Canes are used for the relief of moderate to severe hip or groin pain. This patient has chronic back pain, which has been refractory to conservative medical therapies. A cane is not generally recommended for use in back pain. The medical documentation does not support any clear indications of why this request is medically necessary as an exception to current guidelines. Therefore, based on the submitted medical documentation, the request for a cane is not medically necessary.