

Case Number:	CM15-0173337		
Date Assigned:	09/15/2015	Date of Injury:	08/08/2014
Decision Date:	10/14/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/02/2015

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 48 year old male who sustained an industrial injury on August 08, 2014. A primary treating office visit dated June 04, 2015 reported subjective complaint of back pain radiating into the right lower extremity associated with dizziness. There is note that the worker is not interested in decreasing pain medications he is ready and anxious to undergo neurospinal consultation and get fixed. Previous treatment modality to include: activity modification, medications, physical therapy session, injections, and surgery. The impression noted the worker with post-operative changes in the lumbar spine at L5-s1; spondylotic changes without stenosis; thoracic spondylosis and post lumbar interbody fusion. Current medications consisted of: Soma, Norco 10mg, and Ibuprofen. The plan of care is with recommendation to undergo both a pain management and a neurological surgical consultation. He was diagnosed with: back strain; back pain; cigarette smoker and lumbar pain with radiculopathy. He was administered an injection this visit. There is also note of the worker refusing both a course of physical therapy and urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 po q4th PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Norco 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 Norco for several months in combination with NSAIDS without significant improvement in pain or function. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Soma 350mg 1 po TID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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 (Norco) which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.

Methadone 10mg 1po q day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. As a result, the use of Methadone is not medically necessary.