

Case Number:	CM15-0174851		
Date Assigned:	09/16/2015	Date of Injury:	03/21/1983
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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, Occupational Medicine

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 56 year old male, who sustained an industrial injury on 3-21-83. The injured worker was diagnosed as having disc bulge at L5-S1 with mild to moderate facet arthropathy and mild to moderate bilateral foraminal stenosis, disc bulge at L4-5 with mild to moderate facet arthropathy and mild bilateral foraminal narrowing, and lumbar radiculitis. Treatment to date has included left shoulder surgery in 1985, micro lumbar discectomy or laminectomy in 2005, left knee arthroscopic surgery in 1983, right knee arthroscopic partial medial meniscectomy in 2002, open reduction internal fixation of the left ankle in 1999, physical therapy, TENS, epidural injections, acupuncture, chiropractic treatment, and medication. Physical examination findings on 8-12-15 included tenderness over the midline lumbar spine, hypertonicity over the lumbar paraspinal musculature, asymmetric loss of range of motion, a positive straight leg raise on the right, and decreased sensation in the right L4-5 nerve root distributions. Decreased muscle strength was noted in the right L5 nerve root distribution. On 8-12-15 lumbar spine pain was rated as 7 of 10, left shoulder pain rated as 4 of 10, wrist and knee pain rated as 2 of 10, and right ankle pain rated as 4-5 of 10. The injured worker had been taking Norco and Soma since at least March 2012. Currently, the injured worker complains of lumbar spine pain, bilateral shoulder pain, bilateral wrist pain, bilateral knee pain, and bilateral ankle pain. The treating physician requested authorization for Norco 10-325mg #150 x2 prescriptions and Soma 350mg #120 x2 prescriptions. On 8-25-15 the requests were modified. Regarding Norco, the utilization review (UR) physician noted "since opioids require frequent monitoring,

greater than a single prescription of Norco would not appear necessary at this time." The request was modified to certify 1 prescription of Norco #150. Regarding Soma, the UR physician noted the guidelines "suggest that muscle relaxants are not recommended for long-term use. The provider's report indicated that the patient reportedly attempted to discontinue Soma previously without success." The request was modified to certify Soma 350mg #8 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Norco 10/325 mg #150: 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, cancer pain vs. nonmalignant pain, Opioids for chronic pain.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is inadequate pain relief. The patient reportedly is functional due to the opioids but the treating physicians continue to provide spinal injections due to the inadequate pain control while provided opioids. Longstanding opioid use can lead to dependence. The patient is likely dependent on the medication. Based upon the lack of pain control as evidenced by the need for spinal injections for pain control, This request for Norco is not medically necessary due to lack of pain control.

2 prescriptions of Soma 350 mg #120: 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), Muscle relaxants (for pain).

Decision rationale: MTUS 2009 recommends that Carisoprodol only be used for short term exacerbation of pain. Carisoprodol can also lead to dependence by the patient. The patient continues to be provided spinal injections due to inadequate pain control. This request for Carisoprodol is not medically necessary since its use does not adhere to MTUS 2009 guidelines.