

Case Number:	CM15-0176668		
Date Assigned:	09/17/2015	Date of Injury:	02/26/2015
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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: Preventive Medicine, 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:

This is a 46 year old female with a date of injury of February 26, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniations and lumbar radiculopathy. Medical records dated April 29, 2015 indicate that the injured worker complains of lower back pain radiating down both legs. Medical records dated June 12, 2015 and July 17, 2015 note subjective complaints of moderate pain in the back, right buttock, and thigh. Pain levels were not enumerated on these dates of service. Per the treating physician (July 17, 2015), the employee has not returned to work. The physical exam dated April 29, 2015 reveals tenderness to palpation and spasm about the lower lumbar musculature, multiple trigger points with palpation, severely limited active range of motion of the thoracolumbar spine (forward flexion of 20 degrees, extension of 10 degrees, left and right lateral bending less than 5 degrees), positive straight leg raising test bilaterally, and normal motor and sensory examinations. The progress note dated July 17, 2015 documented a physical examination that showed tenderness to palpation of the bilateral paralumbar musculature, a right antalgic gait, decreased range of motion of the lumbar spine (forward flexion of 30 degrees, extension less than 15 degrees, left and right lateral bending of 10 degrees), positive straight leg raising test on the right, and normal motor and sensory examination. Treatment has included medications (Norco and Soma since at least April of 2015; Gabapentin noted on April 29, 2015), and lumbar epidural steroid injections that offered good relief. The treating physician indicates that a recent request for authorization of additional lumbar epidural steroid injections has been denied. The original utilization review (August 21, 2015) partially certified a request for Norco 10-325mg

#120 to allow for weaning (original request for Norco 10-325mg #120 with two refills), and partially certified a request for Soma 350mg #20 to allow for weaning (original request for Soma 350mg #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg, #120 (DOS: 7/17/15): 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.

Decision rationale: The MTUS recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. The examination findings provided no objective or quantitative measure of pain to determine severity. Retrospective Norco 10/325mg, #120 (DOS: 7/17/15) is not medically necessary.

Retrospective Norco 10/325mg, #120 (DOS: 8/17/15): 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.

Decision rationale: There is no documentation of a current urine drug screen, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. The most recent documentation and evaluation failed to comply and submit the aforementioned evidences. Thus, recommend non-certification of the prospective use of Norco. The examination findings provided no objective or quantitative measure of pain to determine severity. Retrospective Norco 10/325mg, #120 (DOS: 8/17/15) is not medically necessary.

Norco 10/325mg, #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): Opioids for chronic pain.

Decision rationale: There is no documentation of a current urine drug screen, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. The most recent documentation and evaluation failed to comply and submit the aforementioned evidences. Thus, recommend non-certification of the prospective use of Norco. The examination findings provided no objective or quantitative measure of pain to determine severity. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg, #120 is not medically necessary.

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary non-sedating muscle relaxants.

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

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Soma 350mg, #60 is not medically necessary.