

Case Number:	CM15-0066584		
Date Assigned:	04/14/2015	Date of Injury:	06/04/2001
Decision Date:	05/27/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/08/2015

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: Montana

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:

The injured worker is a 40 year old male with an industrial injury dated June 4, 2001. The injured worker diagnoses include chronic low back pain status post total disc arthroplasty, L5-S1, Chronic cervicalpain, left shoulder pain, depression, urological diagnosis, and psychological diagnosis. He has been treated with diagnostic studies, prescribed medications, physical therapy, acupunctue, injections and periodic follow up visits. According to the progress note dated 2/25/2015, the injured worker reported low back pain radiating down to his left leg with left leg numbness. Objective findings revealed tenderness in the lower lumbar paravertebral musculature. The treating physician prescribed Soma 350mg and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg/tab; 1 tab tid #110: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS notes that Soma (carisoprodol) is not recommended for longer than a 2 to 3 week period. It is metabolized to meprobamate, which requires classification as a schedule IV drug in some states. Withdrawal symptoms may occur with sudden discontinuation. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. The ODG guidelines state that Soma is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule-IV controlled substance). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse: Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, the medical records document long-term use of Soma for over 1 year. The current request is for more than a 1-month additional supply. The guidelines clearly note that Soma is not approved for long-term use beyond 2-3 weeks. The request for Soma 350mg TID daily #110 is not consistent with the MTUS and ODG guidelines and is not medically necessary.

Norco 10/325mg/tab; 1 tab q4-6hrs #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone /acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case, the medical records indicate that the injured worker continues to use Norco on a long-term basis with no side effects. The records do not document aberrant pain behaviors or signs of abuse. Urine drug testing has been performed with appropriate results and there is a pain contract. It is noted that the medications provide pain relief and allow improved functional status and performance of

ADLs. Treatment is provided by pain specialists. At this time, the request for Norco 10/325, 1 tablet every 4-6 hours #180 is medically necessary.