

Case Number:	CM15-0072930		
Date Assigned:	04/23/2015	Date of Injury:	04/04/2008
Decision Date:	06/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/17/2015

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

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 39 year old female, who sustained an industrial injury on April 4, 2008. She has reported back pain. Diagnoses have included lumbar spine disc displacement, lumbosacral neuritis, lumbago, and chronic pain. Treatment to date has included back surgery and medications. A progress note dated March 20, 2015 indicates a chief complaint of lower back pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic low back pain. The Request for Authorization is not provided in the medical file. The current request is for Norco 10/325MG

#120. Treatments to date have included lumbar surgery (date of surgery not provided in the medical records) and medications. The patient is currently not working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADL's, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The medical file provided for review including progress reports 01/22/14, 02/20/15, 03/20/15 and 05/01/15. Report 01/22/14 notes under assessment comments, "L4-5 DD + discogram rad r. ft; sx, fusion." This is the extent of physical findings provided in the medial reports. Progress report 02/20/15 states that the treatment plan is for mediations including Norco 10/325mg, Benadryl, Soma 350mg and Naprosyn 50mg. There is no further discussion regarding medications and it is unclear when Norco was first prescribed. The medical file does include a Patient Prescription Record form, which noted that Norco was filled on 01/27/14, 03/13/14, 04/24/14, 06/30/14, 08/07/14 and 03/26/15. It appears the patient has been utilizing Norco since at least 01/27/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Carisoprodol (Soma) Page(s): 63-66, 29.

Decision rationale: This patient presents with chronic low back pain. The Request for Authorization is not provided in the medical file. The current request is for Soma 350MG #30. Treatments to date have included lumbar surgery (date of surgery not provided in the medical records) and medications. The patient is currently not working. The MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. Progress report 02/20/15 states that the treatment plan is for mediations including Norco 10/325mg, Benadryl, Soma 350mg and Naprosyn 50mg. There is no further discussion regarding medications and it is unclear when Soma was first prescribed. The Utilization review states that this medication has been prescribed for "long-term treatment" and MTUS Guidelines supports the use of sedating muscle relaxants for short course of therapy,

not longer than 2 to 3 weeks. The treating physician has not stated that this medication is prescribed for short-term use and the current request is for #30, exceeding MTUS recommendation. This request is not medically necessary.

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with chronic low back pain. The Request for Authorization is not provided in the medical file. The current request is for Naprosyn 500MG #60. Treatments to date have included lumbar surgery (date of surgery not provided in the medical records) and medications. The patient is currently not working. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective non-steroidal anti-inflammatory drugs "NSAIDs" in chronic LBP and of antidepressants in chronic LBP." Progress report 02/20/15 states that the treatment plan is for medications including Norco 10/325mg, Benadryl, Soma 350mg and Naprosyn 50mg. There is no further discussion regarding medications and it is unclear when Naprosyn was first prescribed. The medical file does include a Patient Prescription Record form, which noted that Naproxen was filled on 11/13/14. It appears the patient has been utilizing this medication since at least 11/13/14. The medical file provided for review including progress reports 01/22/14, 02/20/15, 03/20/15 and 05/01/15. None of these reports provide any discussion regarding decrease in pain or functional changes with taking medications. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request is not medically necessary.