

Case Number:	CM15-0078373		
Date Assigned:	04/29/2015	Date of Injury:	04/30/2010
Decision Date:	05/28/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 51-year-old male who sustained an industrial injury on 04/30/2010. Diagnoses include chronic cervical strain and dorsal strain, lumbar spine injury and status post microdiscectomy. Treatment to date has included medications. Diagnostics included x-rays, CT scans and MRIs. According to the progress notes dated 10/15/14, the Injured Worker reported ongoing neck pain that radiated down the left arm, with reduced grip strength in the left hand. He also reported constant low back pain that radiated upward into the middle of the back and down into the left leg and foot. A request was made for Norco 10/325mg, #90, Tramadol ER 150mg, #60 and Soma 350mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Norco 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic cervical strain and dorsal strain; lumbar spine injury and status post microdiscectomy. The request for authorization is dated March 13, 2015. There are no progress notes from the requesting provider (a pain management provider) documented in the medical record. A supplemental report from the requesting physician dated November 24, 2014 is included in the medical record. The supplemental report discusses a urine drug toxicology screen only. The results were inconsistent. The UDS did not show tramadol was present in the specimen. Additionally, Meprobamate was an inconsistent finding. The plan was to discuss the abnormal UDS with the injured worker. There were no medical progress notes in the medical record regarding the work injury. There is no start date for Norco and no clinical indication or rationale for the ongoing use of Norco 10/325 mg. There were no risk assessments or detailed pain assessments or documentation of objective functional improvement. Consequently, absent clinical documentation to support the ongoing use of Norco 10/325 mg with risk assessments, pain assessments and documentation of objective functional improvement, Norco 10/325mg # 90 is not medically necessary.

60 Tablets of Tramadol extended release 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with

evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic cervical strain and dorsal strain; lumbar spine injury and status post microdiscectomy. The request for authorization is dated March 13, 2015. There are no progress notes from the requesting provider (a pain management provider) documented in the medical record. A supplemental report from the requesting physician dated November 24, 2014 is included in the medical record. The supplemental report discusses a urine drug toxicology screen only. The results were inconsistent. The UDS did not show tramadol was present in the specimen. Additionally, Meprobamate was an inconsistent finding. The plan was to discuss the abnormal UDS with the injured worker. There were no medical progress notes in the medical record regarding the work injury. There is no start date for tramadol ER and no clinical indication or rationale for the ongoing use of Tramadol ER 50mg. There were no risk assessments or detailed pain assessments or documentation of objective functional improvement. Consequently, absent clinical documentation to support the ongoing use of Tramadol ER 150mg with risk assessments, pain assessments and documentation of objective functional improvement, Tramadol ER 150mg #60 is not medically necessary.

30 Tablets of Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic cervical strain and dorsal strain; lumbar spine injury and status post microdiscectomy. The request for authorization is dated March 13, 2015. There are no progress notes from the requesting provider (a pain management provider) documented in the medical record. A supplemental report from the requesting physician dated November 24, 2014 is included in the medical record. The supplemental report discusses a urine drug toxicology screen only. The results were inconsistent. The UDS did not show tramadol was present in the specimen. Additionally, Meprobamate was an inconsistent finding. The plan was to discuss the abnormal UDS with the injured worker. There were no medical progress notes in the medical record regarding the work injury. There is no start date for Soma 350 mg in the medical record. There is no clinical indication or rationale for the ongoing use of Soma based on lack of documentation. There is no documentation demonstrating objective functional improvement, detailed pain assessments or risk assessments. Soma is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no start date, however the supplemental report referencing the urine drug toxicology screen indicates the injured worker was taking Soma 350 mg. The treating provider

exceeded the recommended guidelines by continuing Soma in excess of three months (at a minimum). Consequently, absent clinical documentation demonstrating a clinical indication and rationale for continued Soma use in excess of the recommended guidelines for short-term use (less than two weeks), Soma 350 mg #30 is not medically necessary.