

Case Number:	CM15-0092540		
Date Assigned:	05/18/2015	Date of Injury:	11/21/2014
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old male patient who sustained an industrial injury on 11/21/2014. The first report of illness dated 11/21/2014 reported initial subjective complaint of having hurt his back while working. He was sent via ambulance transport for evaluation and treatment. The objective findings showed the patient lumbar range of motion flexion at 10 degrees, sensory and power exams both within normal limits. He was first diagnosed with low back pain, sciatica, and muscle spasm. The treatment rendered included trigger point injection, Tylenol, undergo a magnetic resonance imaging of lumbar spine and attend sessions of physical therapy. The patient was taken out of work. A follow up visit on 12/19/2014 reported the pain changing in character. It is happening intermittently, and without radiation. He stated the pain is relieved by exercising, applying heat, laying down, massaging, pain medication, and resting. He had completed 6 physical therapy sessions without any relief from symptoms. The plan of care involved the patient undergoing a computerized tomography scan of lumbar spine, referred for occupational therapy and extended physical therapy sessions. Radiography diagnostic testing performed on 12/31/2014 revealed a magnetic resonance imaging study of the lumbar spine with evidence of significant transitional vertebral anatomy is designated as sacralization of L5. At T12-L1 there is mild bilateral facet arthropathy and ligamentum flavum redundancy with a small broad-based left paracentral disc extrusion resulting in mild-to-moderate left lateral recess stenosis and mild left-sided neural foraminal stenosis. At L2-3 there is very mild left -sided and mild right-sided neural foraminal stenosis. At L3-4 there is mild-to-moderate left-sided and mild-to-moderate right -sided with mild -to-moderate spinal canal stenosis. A recent follow up

visit dated 02/03/2015 reported subjective complaint of back is with increasing pain levels and discomfort that affect sleep along with movement. The pain is across the back and during examination he had right leg pain. Objective findings showed the patient with a slight limp, tenderness to palpate at lumbar spine and abnormal magnetic resonance imaging study results. He was with limited flexion and extension and was diagnosed with lumbar spine myofascitis with disc injury. The plan of care noted the patient to begin physical therapy session and continue with medications as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab daily #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone, which increases side effect risks and abuse potential. The claimant's pain was worsening. The use of SOMA is not medically necessary.

Norco 10/325mg 1 tab daily #30: Upheld

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): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months and the progress note on 2/3/15 indicated increasing pain levels. There was no mention of Tricyclic failure. Long-term use is not indicated and in this case not beneficial. Continued use is not medically necessary.