MAXIMUS Federal Services

Case Number:	CM15-0093167		
Date Assigned:	05/19/2015	Date of Injury:	09/25/2009
Decision Date:	06/23/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/14/2015

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:

The injured worker is a 53 year old female, who sustained an industrial injury on 09/25/2009. According to a progress report dated 05/06/2015, Pain was rated 7 on a scale of 1-10 with medications and 8 without medications. During the previous visit, pain was rated 6 with medications and 8 without medications. Quality of sleep was poor. Quality of life and activity level remained the same. Medications were working well. She reported no side effects and showed no evidence of developing medication dependency. Medication abuse was not suspected. Current medications included Norco, Soma and Docusate Sodium. Treatment to date has included medications, lumbar epidural steroid injection, electrodiagnostic testing and MRI of the lumbar spine. Diagnoses included lumbar radiculopathy and post lumbar laminectomy. CURES reports showed that the injured worker received Norco from the Emergency Department on 11/04/2014 for stomach pain and on 03/09/2015 when she slipped and hurt her ankle. On 01/14/2014, she received Norco from her dentist when she had teeth extractions. The injured worker reported that she notified the provider's office every time she went to the ER and had pain medications prescribed. The provider had no documentation of medication prescriptions but was aware that she had gone to the ER for various pains. The pain contract was discussed and the injured worker was made aware that outside of extreme circumstances or dental procedures that she was not to receive pain medications from outside providers. If it happened again, tapering and discontinuation would occur. She continued to have pain but with the medication her pain was more tolerable thus improving her capability with daily activities. Treatment plan included Norco for pain and Soma for spasms. A lumbar epidural steroid

injection was approved and scheduling was to occur when she was ready. Progress reports submitted for review show that the injured worker was prescribed Norco back on 08/13/2014 with continued use to present. Prior to Norco, documentation showed consistent use of Oxycodone dating back to 2011. The utilization of Soma was noted consistently dating back to 2011. Currently under review is the request for Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg #90 is not medically necessary.

Soma 350mg #30: Upheld

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

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

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. Patient has been taking Soma for at least as far back as 2011. Soma 350mg Qty 30 is not medically necessary.