

Case Number:	CM15-0093776		
Date Assigned:	05/20/2015	Date of Injury:	06/08/1990
Decision Date:	06/19/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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, Pain Management

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 58-year-old male, who sustained an industrial injury on June 8, 1990. Treatment to date has included bilateral L4-L5, L5-S1 facet joint radiofrequency nerve ablation, medications, lumbar laminectomy and discectomy and physical therapy. Currently, the injured worker complains of low back pain with radiation of pain to the bilateral buttocks. His current pain medications Norco, Soma as needed for spasms and Kadian. On physical examination, the injured worker is positive for lumbar spasms and has tenderness to palpation over the lumbar paraspinal muscles. His lumbar range of motion is decreased by 50% and restricted by pain in all directions. His lumbar facet joint provocative maneuvers were positive. His muscle strength is 5/5 in all limbs and he had reduced balance with heel/toe walking. The diagnoses associated with the request include lumbar disc protrusion, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar stenosis, lumbar post-laminectomy syndrome and lumbar sprain/strain. The treatment plan includes continuation of Kadian, Norco and Soma. The injured worker reports that his Kadian, Norco and Soma provide 50 % improvement in his pain with maintenance of activities of daily living such as self-care and dressing. Notes indicate that the patient has no intolerable side effects to the medication, and the he has undergone urine drug screening previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.

Kadian 100 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Kadian 100 mg Qty 90, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that there should be better documentation indicating how each individual medication is improving the patient's pain and function. However, a one-month supply of medication should allow the requesting physician time to better document these things. As such, the currently requested Kadian 100 mg Qty 90 is medically necessary.

Norco 10/325 mg Qty 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325 mg Qty 180, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that there should be better documentation indicating how each individual medication is improving the patient's pain and function. However, a one-month supply of medication should allow the requesting physician time to better document these things. As such, the currently requested Norco 10/325 mg Qty 180 is medically necessary.