

Case Number:	CM15-0098425		
Date Assigned:	05/29/2015	Date of Injury:	02/16/2009
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/21/2015

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: Pennsylvania, Ohio, 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 65 year old female, who sustained an industrial injury on 02/16/2009. She has reported injury to the neck and low back. The diagnoses have included cervical radiculopathy; lumbar radiculopathy; status post posterior lumbar decompression and interbody fusion, L4-5 and L5-S1; and post-laminectomy pain syndrome. Treatment to date has included medications, diagnostics, lumbar epidural steroid injections, bracing, aquatic therapy, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, Soma, and Omeprazole. A progress note from the treating physician, dated 04/21/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back and cervical spine pain; pain radiates to the bilateral legs and bilateral shoulders; pain is constant and sharp, shooting; sitting and standing for long periods of time aggravates pain; pain medication and resting alleviate the pain; pain level is rated at 10/10 without medications, and rated 8/10 with medications; and her current pain level is 8/10. Objective findings included 4/5 strength noted in the right upper extremity; 4/5 strength in the right lower extremity; positive Spurling's test on the right; decreased cervical spine range of motion in all directions due to pain; positive straight leg raise on the right in the L5/S1 distribution; positive straight leg raise on the left in the L5 distribution; palpable spasms in the bilateral lumbar musculature with positive twitch response; lumbar-sacral orthosis brace in place; slowed ambulation; and walks with walker. The treatment plan has included the request for Soma 350 mg #60; and for Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60: Upheld

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

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

Decision rationale: MTUS does not recommend use of Carisoprodol (Soma), particularly for long-term use or in combination with Hydrocodone or other opioids. This medication has abuse potential for sedative and relaxant effects; abuse has also been noted in order to augment or alter effects of other drugs. MTUS recommends other first-line medications rather than Soma for pain or muscle spasm. The records do not provide an alternate rationale to support this request. This medication is not medically necessary.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.