

Case Number:	CM15-0099303		
Date Assigned:	06/01/2015	Date of Injury:	05/07/2011
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old female sustained an industrial injury to the back on 5/7/11. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, epidural steroid injections, injections and medications. In a progress note dated 3/9/14, the injured worker complained of ongoing back and leg pain with muscle cramps and difficulty sleeping. The injured worker rated her pain 10/10 on the visual analog scale without medications and 4/10 with medications. The injured worker reported that the pain was controlled with Norco. The injured worker was initiated on Soma during the office visit. In a progress note dated 5/8/2015, the injured worker complained of back pain rated 10/10 without medications and 5/10 with medications. Current diagnoses included lumbar spine degenerative disc disease, lumbar spine stenosis and lumbar disc displacement. The physician noted that physical therapy and epidural steroid injections had failed in the past. Norco had been prescribed since at least 11/2014. The treatment plan included continuing medications (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 po q6h #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic low back and leg pain. The current request is for Norco 10/325mg p.o. q6h #120. The Request for Authorization is dated 05/08/15. Previous treatments included magnetic resonance imaging, electromyography, physical therapy, epidural steroid injections, and medications. The patient is not working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient's medication regimen includes Cyclobenzaprine, Norco and Percocet. The patient has been prescribed Norco since at least 11/03/14. According to reports 11/03/14 and 01/15/15, the patient's pain is as high as 10/10 without medications and with medications pain decreases to average 3/10. Patient reported with current medications she has "pain control and she can do ADLs." On 02/04/15, the patient reported with using Norco her 10/10 pain reduces to 4/10. She has no side effects with medications. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are only generic statements. Furthermore, there are no urine drug screens or CURES reports to monitor for compliance. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Soma 350mg po q daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation ODG Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Treatments included magnetic resonance imaging, electromyography, physical therapy, epidural steroid injections, and medications. The patient is not working. MTUS Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodonal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." The patient's medication regimen includes Soma, Norco and Percocet. The patient has been prescribed Soma since at least 11/03/14. Long term use of Soma is not supported by MTUS. Given that the patient has been prescribed Soma since 11/03/14, recommendation for further use cannot be supported. This request is not medically necessary.

