

Case Number:	CM14-0140297		
Date Assigned:	09/10/2014	Date of Injury:	09/12/2012
Decision Date:	10/07/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who sustained an injury on 09/12/12. The patient was evaluated on 07/18/14 and reported of pain in the low back radiating to the lower extremities left worse than the right. Examination was unremarkable. He did report cramping in the lumbosacral, buttocks, and bilateral thigh region and numbness on the right thigh to the foot. He also noted his average pain level at 6/10 to 8/10, 5/10 to 8/10 with medication and 7/10 to 9/10 without medication. MRI studies of the lumbar spine from 11/27/12 demonstrated a disc protrusion posteriorly at L5-S1 with associated disc desiccation with noted pressure over the right S1 nerve roots with encroachment into the right neuroforamina. He underwent a right L5-S1 lumbar laminotomy decompression and was approved for right L5-S1 microdiscectomy. Current medications include Norco one 3 to 6 times a day; dosage not provided. Past treatments included physical therapy, medications including anti-inflammatories and muscle relaxants, Soma. He had not improved with extensive conservative treatment to include the use of anti-inflammatories, narcotic analgesics, physical therapy and multiple epidural steroid injections. There was reportedly a significant amount of Norco usage at 8 per day and Norco for lumbar spine was modified to Norco 5/325 mg #60 on 4/28/14. Diagnoses include lumbosacral neuritis and myalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 QHS PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29 & 65.

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

Decision rationale: This medication is not indicated for long-term use. Soma (Carisoprodol) is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with Tramadol to produce relaxation and euphoria; (4) as a combination with Hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, there is no evidence of substantial spasm, refractory to first line therapy. There is no documentation of any significant improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request is not medically necessary.

Norco 10/325mg 1-2 po QID PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

