

Case Number:	CM14-0140565		
Date Assigned:	09/10/2014	Date of Injury:	07/01/2002
Decision Date:	10/20/2014	UR Denial Date:	08/27/2014
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 Internal Medicine 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 48 year old male who was injured on 07/01/02 resulting in persistent low back pain. The mechanism of injury is not documented in the clinical notes submitted for review. MRI of the lumbar spine dated 04/06/11 revealed degenerative disc changes, L4-5 mild facet hypertrophic changes and mild facet hypertrophy at L5-S1. Current diagnoses include bilateral sacroiliitis, clinically consistent right lumbar radiculopathy, depression/anxiety secondary to chronic pain and insomnia secondary to chronic pain. Clinical note dated 05/09/14 indicated the injured worker complains of persistent low back pain, with pain level of 4-5/10 predominantly on the left side. Pain is described as sharp, shooting, and stabbing with radiation to the left hip. He indicated that pain medication is currently helping for his pain. Physical examination revealed spasms in the lumbar paraspinal muscles and stiffness in the lumbar spine. There was also tenderness in the lumbar facet joints bilaterally which is worse on the left. There was antalgic noted on the left. Lumbar spine flexion is 30 degrees and extension is 5 degrees associated with increase pain on extension. Medications include Norco, Carisoprodol, Paroxetine and omeprazole. Clinical note dated 06/06/14 indicated the injured worker complains of pain in his low back and radiates to the mid back at times. Pain is aggravated by walking and increased activities. Medications help him to do activities like stretching, and TENS unit helps with pain and spasms. Examination revealed tenderness and spasms in the lumbar paraspinal muscles, stiffness on motion of the back, and tenderness to lumbar facets bilaterally. Sensation to light touch was normal, and motor strength is 5/5 bilaterally. Clinical note dated 07/09/14 indicated the injured worker returns with persistent low back pain with pain level of 6/10. His low back pain is across the lumbar spine with radiation to bilateral lower extremities. Pain is worse with standing, and bending activities. Medications are helpful and without adverse effects. Physical examination remains the same. Medications include Norco 5-325mg tab QD prn, Carisoprodol

350mg Q HS (at bedtime), Paroxetine 10mg QD (everyday) and Omeprazole 20mg QD. The previous requests for Norco 5/325 mg #30, and Carisoprodol 350mg #30 were non-certified on 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 5/325 MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. There is no urine drug screen report made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication, Hydrocodone/APAP 5-325mg, #30, cannot be established at this time.

1 PRESCRIPTION OF CARISOPRODOL 350MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain. Additionally, there is no indication the patient is currently undergoing physical therapy or activity modification. As such, the request for Carisoprodol 350mg, #30 cannot be recommended as medically necessary at this time.