

Case Number:	CM14-0146125		
Date Assigned:	09/12/2014	Date of Injury:	05/18/2007
Decision Date:	10/21/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family 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 50 year old female who had a work related injury on 05/18/07. The most recent medical record submitted for review is dated 08/21/14. The injured worker has ongoing low back pain with significant right leg radiculopathy. She returns to the office for a recheck. Since her last visit, she unfortunately was denied physical therapy. She did take 1 week off of work which did calm down symptoms but once back at work, all symptoms have increased. She has continued to have ongoing low back pain with significant right leg radiculopathy. Pain radiates from the low back to the right buttock, right groin, and right anterolateral thigh crossing over the knee to include the anterior shin. She has no new weakness. She has been limping on the right. She denies numbness and tingling. She denies bowel and bladder dysfunction. She continues to take Soma 350mg TID and Norco 10/325mg 4 pills daily. She continues to take Ibuprofen and Aspirin on occasion and does take Zantac. Physical examination she walks non-antalgic, non-neuropathic pain. She has restricted range of motion of the lumbar spine. She is tender with palpation over the lumbar spine midline and to the paralumbar musculature bilaterally. She had decreased sensation to right lateral thigh and lateral leg. She has full strength to the bilateral lower extremities. She has a positive straight leg raise on the right at full extension. She has full range of motion in the bilateral hips without pain. MRI of the lumbar spine dated 10/15/03 was for back pain with lower extremity radiation and showed an annular protrusion at L5-S1 without nerve root displacement. There is not an updated MRI of the lumbar spine submitted for review. The injured worker has had random urinary drug screens which have been consistent with prescribed therapy. There are however no VAS scores with and without pain medication, and no documented report of functional improvement. Prior utilization review on 08/27/14 denied the Soma 350mg #60, modified the Norco 7.5/325mg to 30 and denied the right transforaminal lumbar epidural steroid injection at L4 and L5. Current request is for Soma

350mg #60. Norco 7.5/325mg #120. Right transforaminal lumbar epidural steroid injection at L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 65 of 127.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, 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 and long-term care exceeding the recommended treatment window. As such, the request for this medication cannot be recommended as medically necessary.

Norco 7.5/325mg #120: Upheld

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

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. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were 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 cannot be established at this time.

1 Right Transforaminal Lumbar Epidural Steroid Injection at L4 and L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for right transforaminal lumbar epidural steroid injection L4 and L5 is not medically necessary. There is no updated MRI of the lumbar spine, the MRI that was submitted for review is dated 10/15/03. Therefore medical necessity has not been validated.