

Case Number:	CM13-0005611		
Date Assigned:	12/27/2013	Date of Injury:	01/21/1997
Decision Date:	06/23/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/01/2013

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 has a subspecialty in Interventional Spine 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 patient reported a 1/21/1997 date of injury. He has been diagnosed with lumbar radiculopathy; spasm of muscle; long-term current use of medications. According to the 6/25/13 pain management report from [REDACTED], the patient presents with low back pain, walking with a cane. The visit was for therapeutic drug monitoring. The patient is reported to be having tolerance to the Lortab, which is not helping as much as it used to, especially since he cannot get the [REDACTED] brand. He declines long-acting medications. Lortab was approved for weaning, but when he attempts this, he has suboptimal pain control and is unable to perform ADLs such as errands and house cleaning. He was also denied Soma which helped reduce muscle spasm. The Elavil is no longer helping the neuropathic pain and he wants to taper off. The plan was to taper off Elavil, and refill Soma and Lortab. On 7/22/13 UR modified the requests for Lortab and Amitriptyline for weaning.  

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Soma 350mg, #120 (Rx: 6/25/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA (CARISOPRODOL).

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

Decision rationale: According to the 6/25/13 pain management report from [REDACTED], the patient presents with low back pain, walking with a cane. The visit was for therapeutic drug monitoring. This IMR review is for a retrospective request for Soma 350mg #120 for DOS: 6/25/13. MTUS states Soma is not recommended for use longer than a 3-week period. On reviewing the records, the patient has been using Soma since at least 2/15/13. Continued use of Soma over 4-months is not in accordance with MTUS guidelines. Therefore, the retrospective request for Soma 350mg #120 (DOS: 6/25/13) is not medically necessary and appropriate.

RETROSPECTIVE Lortab 10/500mg, #180, (Rx: 6/25/13): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines on Long-term Opioid use Page(s): 8-9 and 88-89.

Decision rationale: According to the 6/25/13 pain management report from [REDACTED], the patient presents with low back pain, walking with a cane. The visit was for therapeutic drug monitoring. This IMR review is for a retrospective request for Lortab 10/500 mg #180 for DOS: 6/25/13. [REDACTED] reports the Lortab was not as effective as it used to be, especially since he cannot get the [REDACTED] brand. Also the Lortab was only approved for #150 for weaning purposes, but when the patient attempts to taper the medication, he has suboptimal pain control, and is unable to perform ADLs such as errands and house cleaning. MTUS criteria for long-term use of opioids states: "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument" The reports from [REDACTED] do not use a numerical scale and there is no comparison to baseline, and as a result UR recommended tapering of the Lortab. The available record include the 4/2/13 AME report form [REDACTED], states the patient's back pain is 8/10 in the lower back and right buttock, and with medications, it can go down to 6/10. The patient appears to have decreased pain with use of Lortab, and increased function with ADLs. According to MTUS, this is a satisfactory response. MTUS does not require weaning or tapering when the medication is providing a satisfactory response without significant side effects. Therefore, the retrospective request for Lortab 10/500mg #180 (DOS: 6/25/13) is medically necessary and appropriate.

RETROSPECTIVE Amitriptyline 100mg, #90, (Rx: 6/25/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: According to the 6/25/13 pain management report from [REDACTED], the patient presents with low back pain, walking with a cane. The visit was for therapeutic drug monitoring. This IMR review is for a retrospective request for Amitriptyline 100mg, #90 for DOS: 6/25/13. The 6/25/13 report from [REDACTED] states the Amitriptyline is not effective for neuropathic pain and that the patient requests weaning. [REDACTED] plan was to renew the Amitriptyline for weaning purposes. The 5/28/13 report from [REDACTED] shows the patient was using Amitriptyline 100mg 3/day. There is no reduction in the dosage or weaning of Amitriptyline on 6/25/13. Continuing the medication at the same dosage without weaning after the patient requests weaning and reports an unsatisfactory response with the medication is not in accordance with MTUS guidelines. Therefore, the retrospective request for Amitriptyline 100mg #90 (DOS: 6/25/13) is not medically necessary and appropriate.