

Case Number:	CM13-0006141		
Date Assigned:	11/08/2013	Date of Injury:	03/30/2003
Decision Date:	01/17/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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.

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 claimant is a 59-year-old female with a reported date of injury of 03/30/2003. Mechanism of injury was not specified. On exam, she walked with a slow gait, had limited range of motion in the lumbar spine, had palpable spasms in the paraspinal muscles of the lumbar spine, and decreased range of motion of both hips was seen with decreased lower extremity strength. She was refilled on Subutex, Savella, Soma, and Celebrex at that time. She was seen again in 04/2013 and it was noted she had not been able to refill her buprenorphine and Soma. It was stated medications were allowing her to function during the day and sleep better at night and she previously had been taking 540 OxyContin 80 mg per month and was taking Roxicodone 15 mg every 8 hours and it dramatically lessened her medications. Medications in the form of Soma, Celebrex, Sprix nasal solution, buprenorphine, and amlodipine besylate were refilled at that time. She returned to clinic on 06/11/2013 again stating she had not been able to get her medicine. On exam, there were no new focal neurological symptoms or headaches. Deep tendon reflexes were 2+/4+ and symmetrical, gait was intact, and posture was normal. Diagnoses included pain and lumbago to the low back pain. Medications in the form of hydrocodone/acetaminophen 10/325 mg, Soma 350 mg, Sprix nasal spray, Celebrex, and oxycodone/acetaminophen were prescribed at that time. Request has been made for a refill of hydrocodone/acetaminophen, Soma, Sprix nasal spray, Celebrex, and oxycodone/acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 76-80.

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

Decision rationale: This request is for hydrocodone/acetaminophen 10/325 mg #180. California MTUS, Chronic Pain Medical Treatment Guidelines advocate the use of the "4 as" for patients on opioid medications such as this. This would include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. The most recent clinical note is dated 06/11/2013. At that time, her pain score was not objectively identified. The records do not indicate there has been a recent drug screen to indicate absence of aberrant drug-taking behaviors. These do not indicate improvement with her ADLs with medications such as this. Additionally, the last clinical note is 06/11/2013. The current status of this claimant at this time is not stated for the record as no clinical notes were provided going forward from 06/11/2013. There is no indication she has significant pain and no indication that she is not aberrant with medications at this current time. Therefore, lacking objective evidence of pain, lacking objective evidence of lack of aberrant behavior, lacking objective evidence of improvement with ADLs with medications, and lacking documentation of the current status, this request is not considered medically necessary and is non-certified.

Soma 359mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Carisoprodol, (Soma)

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

Decision rationale: Rationale for why this request is not medically necessary is the request is for Soma 350 mg #120. The records indicate this claimant has been prescribed this medication since at least 04/15/2013. California MTUS, Chronic Pain Guidelines do not recommend prescribing this medication and further indicate this medication is "not indicated for long-term use." The records do not indicate efficacy of this medication since she was prescribed this medication since 04/15/2013 and does not indicate that she has significant muscle spasms for which any time of medications such as this would be utilized. The most current notes have not been provided for this review as the records are silent after 06/11/2013. Therefore, due to this medication not being recommended for long-term use and long of documentation of muscle spasms and lack of documentation of current status of this claimant, this request is not considered supported by California MTUS, Chronic Pain Guidelines or the records and is non-certified.

Sprix nasal solution 15.75mg, #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration (FDA)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Rationale for why the requested treatment is not medically necessary is that this is Sprix nasal solution 15.75 mg #5. This is a nasal spray with non-steroidal anti-inflammatory medication. California MTUS, Chronic Pain Guidelines indicate non-steroidal anti-inflammatories should be used at the lowest dose for the shortest period of time. The records indicate this claimant has been prescribed this medication since at least 04/15/2013. The current status is claimant with regard to this medication is not known for the records as the records are silent after 06/11/2013. The records do not therefore indicate she has significant inflammation for which any type of non-steroidal anti-inflammatory would be supported. The records also do not indicate rationale for prescribing this form of this medication versus by mouth medications. Therefore, this request is non-certified.

Celebrex 200mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The Physician Reviewer's decision rationale: Rationale for why this requested treatment is not medically necessary is that this request is for Celebrex 200 mg #60. The most recent records indicate this claimant has been prescribed this medication since at least 04/15/2013 and the last clinical note was 06/11/2013. The overall efficacy of this medication has not been demonstrated and there is no indication she has significant inflammation for which this medication would be supported. The records are silent after 06/11/2013 and therefore, the current status of this claimant is unknown and it is unknown whether she has significant inflammation for which this medication would be supported. California MTUS, Chronic Pain Guidelines further advocate the use of this medication for the shortest period of time at the lowest dosage. She has been on this since 04/15/2013; this is not a short period of time. The record also do not indicate any significant laboratory analysis had been performed to document this medication is not causing significant renal or liver impairment. Therefore, this request is non-certified

Oxycodone-Acetaminophen 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78/.

Decision rationale: Rationale for why this request is not medically necessary is this request is for oxycodone/acetaminophen 10/325 mg #120. California MTUS, Chronic Pain Guidelines advocate the use of the "4 as" for patients on opioid medication such as this. This would include monitoring analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. No recent drug screens had been provided for this review to document she is not aberrant. The records indicate she has been prescribed this medication since at least 04/15/2013 and the overall efficacy of this medication has not been documented. The records are silent after 06/11/2013 and therefore, the current status of this claimant is unknown and it is unknown whether she has significant pain for which this medication would be supported. The records also do not indicate increase in ADLs with use of this medication. Furthermore, as the dosing is not noted, it is not noted whether this is for p.m. or around the clock dosing. MTUS chronic pain guidelines state "Oyxcontin tablets are NOT intended for use as a p.m. analgesic." The request does not indicate the dosing of this medication and it is indeterminate if this request would exceed the recommended ME. Therefore, this request is non-certified.