

Case Number:	CM13-0019912		
Date Assigned:	10/11/2013	Date of Injury:	04/14/1998
Decision Date:	01/24/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

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 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 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. 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 is a 47 year old female who reported an injury on 04/14/1998 after falling. She is currently diagnosed with chronic pain syndrome, complex regional pain syndrome, and mental health complaints. She has been on a narcotic medication regime for an unknown length of time and also had a spinal cord stimulator placed to an unspecified area in 2007. She reports little relief from any previous modes of treatment including chiropractic care, acupuncture, spinal cord stimulator, or her current medication program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California MTUS Guidelines recommend that on-going management of opioids include objective documenting of pain levels to include current pain, least amount of pain since last assessment, how long the relief lasts, and any increased levels of function. Guidelines also state that frequent and random toxicology screenings, such as urine drug testing,

and pill counts from the original pharmacy bottles at each visit, are appropriate ways to manage chronic opioid use. Although there were VAS pain scores to measure pain relief, the medical records did not provide evidence of previous drug screening or pill counting, and there was no objective documentation for measuring any changes in functional levels. Therefore, the request is non-certified.

Soma 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol; Muscle Relaxants Page(s): 29; 63-65.

Decision rationale: California MTUS Guidelines do not recommend Soma for long term use. Soma is an antispasmodic and it is not recommended for use longer than 2-3 weeks. On the last clinical note provided for review, there was no mention of the presence of spasms. It was also noted in the last three clinical notes spanning over four months, the patient has been taking approximately 2-3 Somas on a daily basis. This information exceeds the recommended guidelines. Therefore, the request is non-certified.

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California MTUS Guidelines recommend that on-going management of opioids include objective documenting of pain levels to include current pain, least amount of pain since last assessment, how long the relief lasts, and any increased levels of function. Guidelines also state that frequent and random toxicology screenings, such as urine drug testing, and pill counts from the original pharmacy bottles at each visit, are appropriate ways to manage chronic opioid use. Although there were VAS pain scores to measure pain relief, the medical records did not provide evidence of previous drug screening or pill counting, and there was no objective documentation for measuring any changes in functional levels. Therefore, the request is non-certified.