

Case Number:	CM13-0020298		
Date Assigned:	10/11/2013	Date of Injury:	12/04/2002
Decision Date:	01/31/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 54 year old injured worker who reported an injury on 12/04/2002. The mechanism of injury was a fall. The patient diagnoses included lumbar radiculitis, and lumbar degenerative disc disease. Review of the medical record revealed the patient complained of low back and right leg pain, with muscle spasms. The prescriptions dated 09/03/2013 revealed the patient medication regimen consisted of Roxicodone 30mg 1 or 2 tablets every 4-6 hours as needed for pain, Lortab 10/500mg 1 or 2 tablets every 4-6 hours as needed for pain, Oxycontin 40mg 1 tablet twice a day, Soma 350mg 1 tablet three time a day, and Xanax 1 mg 1 tablet every 6 hour as needed for pain. Clinical note dated 08/06/2013 reported the patient continued complaints of low back and leg pain. Lumbar spine flexion of 45 degrees and extension of 10 degrees, both with pain was noted upon examination of lumbar spine, and positive tenderness to palpation to L4-S1. The most recent clinical note dated 10/01/2013 reported the patient continued to complain of low back pain, but now also complained of right side and neck pain. Reexamination of lumbar spine revealed flexion of 45 degrees, extension of 15 degrees, and positive tenderness to palpation to L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30 mg, quantity 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing management Page(s): 78-79.

Decision rationale: The California MTUS states, to discontinue opioids if there is no overall improvement in function, unless there are extenuating circumstances, continuing pain with the evidence of intolerable adverse effects, or decrease in functioning. The clinical documentation provided in the medical record reported the patient continued to complain of low back pain, leg pain and muscle spasms, and has been taking the requested medications. The continued complaints of pain suggest the medication is ineffective in relieving his pain. There has not been any documented overall improvement in function provided in the medical record. The request for Roxycodone 30 mg, quantity 240, is not medically necessary and appropriate.

Soma 350mg, quantity 81: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The California MTUS states Soma (Carisoprodol) is not recommended for longer than a 2 to 3 week period. In most low back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The patient has been taking the medication for longer than the recommended 2 to 3 weeks. Per clinical documentation the patient has been taking the requested medication and continued to complain of low back pain and muscle spasms. The continued complaints of pain suggest the requested medication is ineffective in relieving the patient of muscle spasm discomfort. As such the medical necessity for Soma 350mg has not been proven. The request for Soma 350mg, quantity 81 is not medically necessary and appropriate.