

Case Number:	CM13-0021661		
Date Assigned:	07/02/2014	Date of Injury:	06/09/2005
Decision Date:	09/05/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/09/2013

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 Pain Management 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 31-year-old female who sustained work-related injuries on June 9, 2005. Per the most recent progress notes dated July 11, 2013, the injured worker presented to her medical provider for a follow-up visit. She reported that her pain psychology was authorized, but Celebrex was not. She escalated her Cymbalta up to 60 milligrams with some reduction in her pain but caused her headaches. She still reported sleep difficulties due to pain. She also reported that when her medications wear off she becomes moody. On examination, she continued to have pain across her lower back with no change in her neuromuscular exam. She is diagnosed with chronic low back pain with referral down to the left leg with resolution of right leg symptom suggestive of L5-S1 radiculitis due to epidural fibrosis and status post L5-S1 microscopic lumbar discectomy followed by anterior lumbar interbody fusion in 2009. This is a review regarding the denied Percocet #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet #120: Upheld

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

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

Decision rationale: Per California Chronic Pain Medical Treatment Guidelines, the requested Percocet (Oxycodone/Acetaminophen) #120 is classified as a short-acting opioids which is indicated for intermittent or breakthrough pain. In this case, the injured worker is noted to be currently using Norco (Hydrocodone/Acetaminophen), another short-acting opioid. Also, the injured worker was using Percocet prior to using Norco. The documentation, however, does not provide any information indicating any improvement in pain levels, increase in functional activities with prior Percocet use. This is absent in the documentations provided as well as drug screening tests regarding issues of abuse, addiction or poor pain control, documentation of misuse of medications, and indication of improved quality of life as well as return to work. Based on these findings and the lack of information, the requested Percocet is not medically necessary.

Soma #120: Upheld

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

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

Decision rationale: As per evidence-based guideline, this medication is not indicated for long-term use and abuse is noted due to its sedative and relaxant effects. This medication is also noted for abuse in order to augment or alter effects of other drugs. This injured worker is taking Norco (Hydrocodone/Acetaminophen) and the concurrent use of Soma (Carisoprodol) can cause abuse of this medication and its effect is noted to be same as with heroin. Based on this information, the requested Soma #120 is not medically necessary.

Oxycontin 20mg #60: Upheld

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

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

Decision rationale: Per California Chronic Pain Medical Treatment Guidelines, Oxycontin is also an opioid medication. Similar to reasons for denying Percocet, the documentation provide does not provide any information indicating any improvement in pain levels, increase in functional activities with prior Percocet. This is absent in the documentations provided as well as the use of a drug screening regarding issues of abuse, addiction or poor pain control, documentation of misuse of medications, and indication of improved quality of life as well as return to work. Based on these findings and the lack of information, the requested Oxycontin 20 milligrams #60 is not medically necessary.

The purchase of a mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Mattress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Mattress selection.

Decision rationale: According to evidence-based guideline, the selection of a mattress is subjective and is dependent on personal preference and individual factors. The guidelines also document that there is no high quality studies to support purchase of any type of specialized matter or bedding as a treatment for low back pain. Only pressure ulcers (e.g. from spinal cord injury) may be treated by special support surfaces (including beds, mattresses, and cushions) which are designed to redistribute pressure. In this case, the injured worker does not present any specialized cases that can warrant the purchase of a mattress. Based on this information, the medical necessity of the requested purchase of a mattress is not medically necessary.