

Case Number:	CM13-0035435		
Date Assigned:	12/13/2013	Date of Injury:	10/21/2011
Decision Date:	06/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 10/21/2011 after 2 boxes of heavy items fell on top of the injured worker, which reportedly caused a twisting motion to the right and sudden onset of neck pain. The injured worker ultimately underwent lumbar fusion followed by postsurgical physical therapy and multiple medications to manage chronic pain. The injured worker was evaluated on 09/09/2013. It was documented that the injured worker's treatment included Norco, Soma, and Vicodin. It was noted that the injured worker had 8/10 pain reduced to a 4/10 with medications. Physical findings included tenderness over the paraspinal musculature bilaterally with a positive straight leg raising test bilaterally. The injured worker's diagnoses included lumbar disc herniation with bilateral lower radicular pain, status post surgical intervention, and other nonorthopedic complaints and sleep problems. The injured worker's treatment plan included referral to a spine surgeon secondary to severe, constant lumbar spine pain and continued use of medications. The injured worker was evaluated on 10/07/2013. The patient's treatment plan from that appointment included continuation of Norco and a capsaicin-based BioTherm topical cream to assist with alleviation of pain. The injured worker was monitored for aberrant behavior with urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF VICODIN ES (UNKNOWN DURATION AND FREQUENCY):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Page(s): 78.

Decision rationale: The requested prescription of Vicodin ES for unknown duration or frequency is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be documented by functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 01/2013. However, the most recent clinical documentation fails to provide a quantitative assessment of pain relief regarding the use of this medication. Additionally, there is no documentation of significant functional benefit to support continued medication usage. As such, the requested prescription of Vicodin ES unknown duration and frequency, is not medically necessary or appropriate. Also, the request as it is submitted does not clearly identify a frequency, dosage, or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined.

PRESCRIPTION OF SOMA (UNKNOWN DOSAGE AND FREQUENCY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Soma, unknown dosage and frequency, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends muscle relaxants be limited to a short duration of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review fails to identify that the injured worker is suffering from an acute exacerbation of chronic pain. The clinical documentation does indicate that the injured worker has been on a muscle relaxer since at least 01/2013. As the injured worker has been on a muscle relaxer to exceed the recommended duration without any evidence of an acute exacerbation, continued use would not be supported. Additionally, the request as it is submitted does not provide a dosage, frequency, or quantity. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Soma, unknown dosage and frequency, is not medically necessary or appropriate.

PRESCRIPTION OF NORCO (HYDROCODONE/APAP 10/325MG) 1-2 TABLETS PO Q6 PRN (MAX 5/DAY) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Page(s): 78.

Decision rationale: The requested prescription of Norco (Hydrocodone/APAP 10/325 mg) 1 to 2 tablets by mouth every 6 hours as needed, max 5 per day, #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends continued use of opioids be supported by ongoing documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker is monitored for aberrant behavior with urine drug screens. However, the injured worker's most recent clinical evaluation failed to identify functional benefit related to medication usage. Additionally, a quantitative assessment of the injured worker's pain relief related to medication usage was not provided. As such, the requested prescription of Norco (Hydrocodone/APAP 10/325 mg) 1 to 2 tablets by mouth every 6 hours as needed, max 5 per day, #120 is not medically necessary or appropriate.