

Case Number:	CM13-0038870		
Date Assigned:	12/18/2013	Date of Injury:	05/01/1999
Decision Date:	02/13/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

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 & Rehabilitation and is licensed to practice in Illinois 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. 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 60-year-old male who reported an injury on 06/01/1999. The patient has had ongoing care for the treatment of his back pain as well as his lower extremity pain, mostly regarding his bilateral knees. On 07/17/2013, the patient was seen for his ongoing back pain. At the time of the exam, his medical condition remained the same. The patient was noted as still ambulating with a cane, and he was noted as having some hemosiderin discoloration of his legs and some swelling of the lower extremities as well as dry, scaly skin. The patient was seen again on 08/14/2013 after the patient had fallen to his knees the week prior, causing a great amount of back pain which was slowly improving. His general exam was unchanged. He was seen twice in 09/2013; the first time due to the patient having accidentally fallen off his bed while sleeping. He was noted to have been quite sore afterwards. The patient's exam was otherwise unchanged. On the 09/25/2013, it was noted that the patient had undergone and finished 2 detox programs, but also noted that when he has no pain medications, he is essentially bedridden. Objective findings on the date of that exam noted that the patient had spasms of his entire back, and his range of motion was slow, stiff, and limited. The patient was most recently seen on 10/04/2013 due to complaints of bilateral knee pain. The patient stated that even though he was on high doses of medications, they were not controlling his pain. The patient had been diagnosed with discogenic low back pain, a history of opiate addiction and morbid obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Norco 10/325 mg, QTY: 225.00: Upheld

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

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

Decision rationale: Regarding the first request for Norco 10/325 mg (Quantity: 225.00), according to the California MTUS, it states that for chronic back pain, opioids appear to be efficacious but limited for short-term pain relief; and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. It further states that there is no evidence to recommend one opioid over another; and in patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56%. Although the patient has not been utilizing Norco for his oral medication pain relief, he has been utilizing other opioid medications for an extensive period of time. The physician has failed to indicate why the patient is being prescribed another opioid medication when his previous medications were not bringing relief to the patient. The current documentation does not give a thorough overview of the patient's pain level nor does it state anything about the efficacy from current medication use. Furthermore, there is nothing indicating the physician will be attempting to wean the patient from his other narcotics upon starting a new one. Therefore, the request for Norco 10/325 mg, QTY: 225.00 cannot be warranted at this time. As such, the requested service is non-certified.

Request for prescription of Methadone 10 mg, QTY: 2340: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86.

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

Decision rationale: Regarding the request for methadone 10 mg (Quantity: 2340.00), under the California MTUS, it states that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with the open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time and that pain may be improved with the weaning of opioids. In the case of this patient, he has been utilizing methadone since at least 01/2013. The documentation fails to indicate if the methadone has provided sufficient pain relief throughout the course of his treatment. The patient has been documented as being an opiate addict, and the current prescription dose of 10 mg with a quantity of over 2000 tablets is considered excessive. Without having a plan to further wean the patient from his medications, and with the excessive request for tablets; the requested service cannot be warranted at this time. As such, the requested service is non-certified.

Request for prescription of Soma 350 mg, QTY: 180.00: Upheld

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

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

Decision rationale: Regarding the third request for Soma 350 mg (Quantity: 180.00), the California MTUS states that carisoprodol is not recommended. This medication is not indicated for long-term use. It is commonly prescribed as a centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Carisoprodol is now scheduled in several states, but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for its sedative and relaxant effects, with the main concern in regular abusers being the accumulation of meprobamate. In the case of this patient, he has been utilizing Soma since at least 2012. The documentation does not indicate that this medication has been effective in reducing the patient's overall muscle pain. Furthermore, with the non-recommendation from the California MTUS, the medical necessity for the continuation of this medication cannot be established at this time. As such, the requested service is non-certified.