

Case Number:	CM13-0040120		
Date Assigned:	12/20/2013	Date of Injury:	11/19/1997
Decision Date:	02/20/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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. He 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 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 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 61-year-old male who reported an injury on 11/19/1997. The mechanism of injury information was not provided in the medical record. The clinical note dated 08/28/2013 revealed the patient continued to have low back, mid back, and bilateral lower extremities pain. The pain in the mid back had increased in severity. The patient states that during the course of performing activities of daily living, there is still a significant amount of pain and stiffness of the lumbar spine and lower extremities. Objective findings were paraspinal muscle tenderness to palpation, restricted to painful range of motion for the lumbar spine, tenderness and spasm over the lumbar spine, decreased sensation to light touch in the bilateral lower extremities, restricted to painful range of motion of the neck, decreased sensation to light touch in the bilateral upper extremities, tenderness and spasm over the cervical spine, depressive affect and mood, and left shoulder pain. MRI of the lumbar spine dated 10/27/2005 was also reviewed this day, and revealed thoracic facet joint arthropathy, lumbar facet joint arthropathy, lumbar degenerative disc disease, and musculoligamentous sprain or strain of the lumbar spine. The patient was prescribed and refilled MS-Contin 100 mg 90 tablets 1 tablet every 8 hours, Norco 10/325 mg 180 tablets 1 tablet every 4 hours, and Soma 350 mg 120 tablets 1 tablet 4 times a day for muscle relaxant and spasms. As of 08/28/2013, the patient was currently working full time. The clinical note dated 07/31/2013 revealed the patient was previously taking the requested medications, MS-Contin 100 mg, Norco 10/325 mg, and Soma 350 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management consult between 8/28/2013 and 11/23/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM states referrals may be appropriate if the practitioner is uncomfortable with the particular line of inquiry outlined. It is also recommended if the physician has difficulty obtaining information or agreement to a treatment plan. CA MTUS states if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. However, since the requesting physician is in fact a pain management specialist himself, it is not clear in the provided medical record information why there is need for an additional consult with a different pain management specialist. At this time, the request for 1 pain management consult between 08/28/2013 and 11/23/2013 is non-certified.

1 prescription for MS Contin 100mg, #90 (through express scripts) between 8/28/2013 and 11/23/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the National Guideline Clearinghouse.

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

Decision rationale: The Physician Reviewer's decision rationale: Per California MTUS, with ongoing management there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. The patient has been prescribed this medication previously, and there is no documentation provided indicating any satisfactory response to the medication. There is no increase in functional level or improved quality of life. The patient has been taking the requested medication for an extended amount of time. There was a previous request for the medication that was modified for the purpose of weaning the patient off of the medication and at this time, the medical necessity for the use of MS-Contin 100 mg cannot be determined as there is no documented increase in functional status or decrease in pain provided in the medical record so the request for 1 prescription of 100 mg of MS-Contin #90 is non-certified.

1 prescription for Norco 10/325mg #180 (through express scripts) between 8/28/2013 and 11/23/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the National Guideline Clearinghouse.

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

Decision rationale: The Physician Reviewer's decision rationale: Per California MTUS, with ongoing management there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. The patient has been prescribed this medication previously and there is no documentation provided indicating any satisfactory response to the medication. There is no increase in functional level or improved quality of life. The patient has been taking the requested medication for an extended amount of time. At this time, the medical necessity for the use of Norco 10/325 mg cannot be determined as there is no documented increase in functional status or decrease in pain provided in the medical record so the request for 1 prescription of Norco 10/325 mg #180 is non-certified.

prescription for Soma 350mg, #120 (through express scripts) between 8/28/2013 and 11/23/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the National Guideline Clearinghouse.

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

Decision rationale: The Physician Reviewer's decision rationale: Per California MTUS Guidelines, Soma is not recommended. This medication is not indicated for long-term use. The patient has been taking this medication for an extended amount of time with no documented functional improvement, decrease in pain, or any increase or improvement in his quality of life. As such, the request for Soma 350 mg #120 through Express Scripts between 08/28/2013 and 11/23/2013 is non-certified.