

Case Number:	CM13-0046099		
Date Assigned:	12/27/2013	Date of Injury:	01/06/1999
Decision Date:	03/14/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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 male who reported injury on 01/06/1999. The mechanism of injury is noted to be the patient was maneuvering a 5-drawer file cabinet filled with files when he felt the onset of pain in the low back. The patient was noted to have low back surgery at L4-5 on 05/14/2002. The patient was noted to have an injection and physical therapy. The patient was noted to have a slightly guarded and antalgic gait with a positive left Lasegue's and weakness in quadriceps atrophy. The medications were noted to be helpful in controlling the patient's pain and keeping him active. The patient's diagnosis was noted to be post laminectomy syndrome of the lumbar spine and severe left lumbar radiculitis with quadriceps atrophy. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Medications for Chronic Pain, page 60, ongoing management, page 78. Page(s): 60,78.

Decision rationale: California MTUS Guidelines indicate that opiates are appropriate in the treatment of chronic pain. They recommend there should be documentation of an objective decrease in the VAS score, objective functional improvement, documentation of adverse side effects and documentation of aberrant drug-taking behavior. Clinical documentation submitted for review indicated that the patient found the medications to be helpful in controlling pain and keeping him active; however, there was a lack of documentation of an objective decrease of the VAS, objective functional improvement, adverse side effects and aberrant drug-taking behavior. Given the above, the request for Avinza 30 mg #30 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, page 60, ongoing management, page 78. Page(s): 60,78.

Decision rationale: California MTUS Guidelines indicate that opiates are appropriate in the treatment of chronic pain. They recommend there should be documentation of an objective decrease in the VAS score, objective functional improvement, documentation of adverse side effects and documentation of aberrant drug-taking behavior. Clinical documentation submitted for review indicated that the patient found the medications to be helpful in controlling pain and keeping him active; however, there was a lack of documentation of an objective decrease of the VAS, objective functional improvement, adverse side effects and aberrant drug-taking behavior. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

Soma 350mg #90: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are for use in second-line treatment as a short-term treatment for acute exacerbations of chronic low back pain. They are not indicated for more than 2 to 3 weeks. Additionally there should be documentation of objective functional improvement. Clinical documentation submitted for review failed to provide the patient's objective functional improvement with the medication. There was a lack of documentation indicating the patient had muscle spasms. There was a lack of documentation indicating a necessity for 90 tablets. Given the above, the request for Soma 350 mg #90 is not medically necessary.