

Case Number:	CM13-0047359		
Date Assigned:	12/27/2013	Date of Injury:	02/03/2011
Decision Date:	04/22/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/01/2013

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:

This is a 57-year old gentleman with a date of injury of 2/03/11. The patient is a crane operator/welder/fitter. Mechanism of injury was that while looking up at a crane, he bumped into a steel horse, injuring his right hip and back. The patient has had extensive conservative care for this injury. He found to have a labral tear and the hip and underwent a right hip arthroscopic partial labrum resection on 8/22/12. Lumbar decompression/fusion surgery was also requested, and has been authorized. It does not appear that the lumbar surgery has been done yet. The patient returns in follow-up on 9/20/13 with the doctor treating the hip and reported increasing right hip pain. He has recently had 2 injections to the hip and feels like he needs a third. He is being seen by spine at this same time period, and he was having severe low back pain as well. This was submitted to Utilization Review on 10/09/13 and despite requests for the dosage and amount of medications, this was not submitted. Both Soma and Vicodin were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN: 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 Page(s): 74-96.

Decision rationale: Guidelines do support use of opioids for short-term use in acute severe pain not responsive to non-opioid pain control measures, and for acute pain control in the peri-operative period. This case is a mixture of chronic symptoms and acute issues. While the symptoms are chronic, they were severe enough to warrant procedures (injections) to the hip as well as prior hip surgery, as well as justify getting a lumbar decompression/fusion surgery authorized. The patient was still pending the lumbar surgery at the time of the UR denial, and he was noted to be having severe pain issues at the hip and the lumbar spine. Given the hip surgery/procedures and the planned lumbar surgery, there was clear medical necessity for use of opioids to help control the severe pain. However, the amount of dosage/amount prescribed is not submitted, and an open authorization for unspecified dosage/amounts of Vicodin pills is not medically necessary.

SOMA: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: Guidelines do not recommend use of Soma for greater than a 2-3 week period, and use, overall, is generally discouraged altogether. This drug is metabolized to a schedule IV controlled substance and has a high dependency profile with psychological and physical dependence. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated. Medical necessity of Soma is not established.