

Case Number:	CM13-0048495		
Date Assigned:	12/27/2013	Date of Injury:	01/31/1995
Decision Date:	03/12/2014	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma 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 56-year-old male who reported an injury on 01/31/1995. The mechanism of injury was not provided in the medical records. The patient's course of treatment to date is unclear; however, it is noted that the patient has failed back surgery syndrome causing left lumbosacral pain and right ankle pain. The patient has been on an oral pain management program that provides partial relief of his pain. The most recent clinical note provided for review is dated 12/23/2013 and revealed cervical flexion of 45 degrees, extension of 75 degrees, and right and left lateral rotation of 55 degrees. Spurling's sign was negative and a sensory exam was not performed to the upper extremities. The lumbar range of motion included flexion of 65 degrees, extension of 25 degrees, right and left lateral bending of 25 degrees, negative straight leg raising bilaterally, and decreased sensation to the left L3, L4, and L5 dermatomes. The patient's medications include chlorthalidone HCL 25 mg, one (1) tab four (4) times a day as needed; clonidine HCL 0.1 mg, one (1) tab twice a day; Lunesta 3 mg, one (1) tab at bedtime; Xanax 0.5 mg, one (1) tab four (4) times a day as needed; Adderall 15 mg, 2 to 3 tabs daily; Dilaudid 8 mg, 4 to 5 tabs every four (4) hours as needed; Soma 350 mg, one (1) tab every 4 to 6 hours as needed; Opana ER 40 mg, 6 tabs 3 times a day; Prozac 20 mg, one (1) tab daily; Ditropan XL 10 mg, one (1) tab every at bedtime and one (1) tab every AM; and Zofran 8 mg, one (1) tab twice a day as needed. The patient's current diagnoses included failed back surgery syndrome, lumbar radiculopathy, degenerative joint disease in the ankle, and lumbar facet arthropathy. No other clinical information was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, one (1) tablet every four to six (4-6) hours, as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

Decision rationale: The Chronic Pain Guidelines recommend non-sedating muscle relaxants as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma in particular, is an antispasmodic that is not recommended for use in excess of three (3) weeks. The clinical information submitted for review provides evidence that the patient has been utilizing this medication since at least 08/2013. This length of time clearly exceeds guideline recommendations and therefore, is not in compliance. However, it is not recommended for abrupt discontinuation of this medication and it is expected that the physician will allow for safe weaning. As such, the request is non-certified.

Dilaudid 8mg, four to five (4-5) tablets every four (4) hours, as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The Chronic Pain Guidelines recommend opioids to treat moderate to severe chronic pain. The guidelines suggest that opioid management be monitored by performing functional improvement measurements every six (6) months, using a numerical scale or validated instrument, a thorough pain assessment must be performed at each clinical visit, and random urine drug screens must be performed. Although there is evidence that functional measurements have been obtained, in the form of range of motion values, and urine drug screens have been performed, there is no evidence of a thorough pain assessment. Although the clinical information contains information regarding the patient's most and least amount of pain, it has no documentation regarding the pain levels after the opioid is taken. Without this information, the medication efficacy cannot be determined and the medical necessity for the request has not been established. As such, the request is non-certified. However, it is not recommended for abrupt discontinuation and therefore, it is expected that the physician will allow for safe weaning.

Adderall 15mg, two to three (2-3) tablets every day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/adderall.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

Decision rationale: Drugs.com indicates that Adderall is used to treat narcolepsy and attention deficit hyperactivity disorder. The clinical information submitted for review did not provide any explanation as to why the patient was utilizing Adderall; there were no diagnoses of attention deficit hyperactivity disorder (ADHD) or narcolepsy. As the clinical information does not provide evidence to support the use of Adderall, the medical necessity of this request has not been established. This medication is not recommended for abrupt discontinuation and therefore, it is expected that the physician will allow for safe weaning. As such, the request for is non-certified.

Opana ER (crush resistant) 40mg XR twelve (12) hour, six (6) tablets three (3) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The Chronic Pain Guidelines recommend the use of opioids to treat moderate to severe chronic pain. Ongoing management of opioids includes obtaining functional improvement measures every six (6) months using a numerical scale or validated instrument, a thorough pain assessment must be performed at each clinical visit, and urine drug screens be obtained. Although there was evidence of the performance of functional measurements and urine drug screens, there was no thorough pain assessment. Although the pain assessment provided detailed the patient's least and most reported pain, there was no discussion or evidence of decreased pain values after the medication was taken. As such, medication efficacy and guideline compliance cannot be determined at this time. However, it is not recommended for abrupt discontinuation of this medication, and it is expected that the physician will allow for safe weaning. As such, the request for is non-certified.