

Case Number:	CM13-0048918		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2002
Decision Date:	02/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/07/2013

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 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 reported an injury on 09/01/2002. The mechanism of injury was not submitted. The patient was diagnosed with post-laminectomy syndrome of the cervical region, cervicgia, and spasm of muscle. The patient continued to complain of neck and upper extremity pain. The patient is awaiting an approval for a stimulator. The patient continues to have nausea, diarrhea, or constipation for medications. The patient reported depression due to the pain and loss of function. The objective findings revealed the patient has functional upper extremity range of motion and strength at a 4/5. The patient had moderate atrophy of the cervical paraspinal muscles with tight bands in the left neck. The patient had limited range of motion with the neck in all directions. The patient's back range of motion was also limited at end ranges. The patient had decreased sensation to touch on the left arm. The patient was recommended continuation of Opana ER 40 mg, Opana 10 mg, Soma 350 mg, Lunesta 3 mg, Mobic 15 mg, MiraLAX, Wellbutrin 100 mg, and Zolof 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Opana 10mg 1-2 po q 4 hours PRN #100 for breakthrough pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: CA MTUS states 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The patient continued to complain of pain in the neck and upper extremities. However, no clinical documentation was submitted indicating a decrease in the patient's pain level or an increase in the patient's functioning level. Also, Opana ER 40 mg 2 tablets every 12 hours and Opana 10 mg 1 to 2 tablets every 4 hours as needed exceeds the total daily morphine equivalent dose. The recommended daily dose of morphine is 120 mg. Given the lack of documentation to support Guideline criteria, the request for Opana 10mg 1-2 po q 4 hours PRN #100 for breakthrough pain is non-certified.

The request for Soma 350mg 2 po q 8 hours PRN #100: Upheld

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

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

Decision rationale: CA MTUS does not recommend Soma. The Guidelines state this medication is not indicated for long-term use. The patient continued to complain of neck pain and bilateral upper extremity pain. However, the Guidelines do not recommend this medication. Also, the documentation submitted for review does not indicate how long the patient has been taking the medication as the Guidelines state this medication is not indicated for long-term use. Given the lack of documentation to support Guideline criteria, the request for Soma 350mg 2 po q 8 hours PRN #100 for spasms is non-certified.