

Case Number:	CM13-0051418		
Date Assigned:	12/27/2013	Date of Injury:	08/30/1990
Decision Date:	03/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Family Practice 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 is a 51-year-old male who reported an injury on 10/09/1991. The patient is currently diagnosed with left L4 and L5 radiculopathy, right L5-S1 lumbar radiculopathy, status post lumbar fusion, central L4-5 disc protrusion, chronic low back pain, right lumbar radicular pain, deconditioning, brain tumor, status post brain surgery, and complex migraines. The patient was seen by [REDACTED] on 12/17/2013. The physical examination revealed restricted lumbar range of motion, negative nerve root tension signs bilaterally, 5/5 muscle strength with the exception of the left anterior tibialis and right anterior tibialis. The treatment recommendations included refill of Oxycodone, Soma, and Requip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #180 (2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and

functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to present with persistent lower back pain. The patient's physical examination reveals no significant changes that would indicate functional improvement. As satisfactory response to treatment has not been indicated, the ongoing use of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.

Soma 350mg #120 (2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section, Page(s): 63-66, 124.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. However, there is no evidence upon physical examination of a palpable muscle spasm, muscle tension, or spasticity. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.