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| Case Number: | CM13-0066200 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 10/26/1993 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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 Neurology 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:

The injured worker (IW) is a 64 year old male with a date of injury as 10/26/1993. The current diagnosis is sacroiliac pain and chronic back pain. Previous treatments include multiple medications, isometric exercises at home, left sacroiliac joint injection in 2002, and trigger point injection on 08/01/2013. Multiple imaging was performed including Magnetic Resonance Angiography (MRA) of the neck, Magnetic Resonance Imaging (MRI) of the brain, duplex extra scan, electromyogram/nerve conduction study, and Magnetic Resonance Imaging (MRI) of the lumbar spine. Primary treating physicians report dated 06/06/2013, 08/01/2013, and 11/21/2013, and special reports from 09/04/2013, 11/07/2013, and 12/02/2013 were included in the documentation submitted. The report dated 11/21/2013 indicates the injured worker presented with of a lower back ache. This report noted that the injured workers pain level and quality had remained unchanged since prior visit. The injured worker stated that the medications were helpful in managing his pain overall, limiting flare-ups, and allowing him to manage his pain to a tolerable level and optimizing his function in his Activities of Daily Living (ADLs) including cooking, cleaning, and light house chores. The injured worker further stated that he was able to remain active, walking 1 to 2 miles daily for exercise. Physical examination revealed an antalgic gait, slowed gait, restricted Range of Motion (ROM) in the lumbar spine, with tenderness on both sides, and trigger point with radiating pain and twitch response on palpation at the lumbar paraspinal muscles on the left. The physician also noted that the injured worker's function and activities of daily living have improved on current doses of medication. The injured worker is currently not working. A request was made for Flexeril, Oxycodone HCL, Oxycontin, and Soma. Per the progress notes provided, for the IW has been treated with opioids at least as far back as 2010 and has been prescribed Soma at least since 6/6/2013. The utilization review performed on

12/09/2013 non-certified the request based on medical necessity using the California MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF FLEXERIL 10MG, #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Per the guidelines in the Chronic Pain Medical Treatment Guidelines regarding the use of Cyclobenzaprine, it is only recommend as as short course of therapy and is more effective when used in the first four days of treatment. In this case the IW injured his lower back over 21 years ago. The use of cyclobenzaprine is not intended for long term treatment of back pain or spasms. The request for a prescription of 45 tablets of Cyclobenzaprine is not medically necessary.

PRESCRIPTION OF OXYCODONE HYDROCHLORIDE (HCL) 15MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (LONG ACTING),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (on going management) Page(s): 78.

Decision rationale: The Injured worker has a reported date of injury of 10/26/1993 and per the notes provided has been treated with opioids (per the urine drug screen provided) at least from 1/28/2010. Although the injured worker is reported to have good pain control with his current prescribed opioid regimen, there has been no evidence that a multidisciplinary pain clinic has been consulted at any point to assist in the optimization of the treatment plan considering the duration of the use of opioids. In addition, there is no documentation provided reporting assessment of non-opioid means of pain control. These are the recommend actions to be taken for a prescriber to continue to treat patients who require on-going pain management with opioids per the guidelines established in the Chronic Pain Medical Treatment Guidelines. The request for the continued use Oxycontin 60 mg and Oxycodone Hydrochloride 15 mg is not medically necessary.

PRESCRIPTION OF OXYCONTIN 60MG ,#90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (SHORT ACTING),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (on going management) Page(s): 78.

Decision rationale: The Injured worker has a reported date of injury of 10/26/1993 and per the notes provided has been treated with opioids (per the urine drug screen provided) at least from 1/28/2010. Although the injured worker is reported to have good pain control with his current prescribed opioid regimen, there has been no evidence that a multidisciplinary pain clinic has been consulted at any point to assist in the optimization of the treatment plan considering the duration of the use of opioids. In addition, there is no documentation provided reporting assessment of non-opioid means of pain control. These are the recommend actions to be taken for a prescriber to continue to treat patients who require on-going pain management with opioids per the guidelines established in the Chronic Pain Medical Treatment Guidelines. The request for the continued use Oxycontin 60 mg and Oxycodone Hydrochloride 15 mg is not medically necessary.

PRESCRIPTION OF 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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: Per the recommendations of Chronic Pain Medical Treatment Guidelines, the use of Carisoprodol (Soma) is not recommended. It is not intended for long term use and has a high abuse potential. Per the notes provided, the IW has been prescribed Soma at least as far back as 6/6/2013. This would constitute long term use. The IW is reported to only use this medication as needed for back pain (per the treating physician). Despite this claim, it is not recommend for even this frequency of use. The request for the prescription of Soma is not medically necessary.