

Case Number:	CM13-0069274		
Date Assigned:	01/03/2014	Date of Injury:	12/15/1989
Decision Date:	05/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 is a 43-year-old male who reported an injury on December 15, 1989 due to a slip and fall. The injured worker's chronic pain resulted in approximately 10 back surgeries and fusion from the T11 to the S1. The injured worker's chronic pain was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on December 23, 2013. It was documented that the injured worker had average pain of 7/10 that was increased to a 9/10 without medications. The injured worker's medication schedule included OxyContin 80mg, morphine sulfate CR 30mg, Xanax SR 3mg, carisoprodol 350mg, Lyrica 75mg, Sonata 10mg, Restoril 30mg, Seroquel 200mg, Lexapro 20mg, Wellbutrin SR 150mg, Docusate calcium 240mg, and Tricor 145mg. Specific medications were reviewed. The injured worker's OxyContin reduced his pain by 90% and allowed him to be functional and walk at least six (6) days out of the week. The carisoprodol decreased his muscle spasming by 70%. A request was made for a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®®, Soprodal 350mg, Vanadom®®)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Soma 350mg, #30, is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least September 2012. The California MTUS does not recommend the extended use of this medication in the management of chronic pain. The California MTUS Guidelines limit its use to 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that this medication is used for chronic pain and not for acute exacerbations. Therefore, continued use would not be supported. As such, the requested Soma 350mg, #30, is not medically necessary or appropriate.

OXYCONTIN 80 MG, #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycontin® (oxycodone)..

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

Decision rationale: The requested OxyContin 80mg, #270, is not medically necessary or appropriate. The California MTUS Guidelines recommend the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the injured worker has a reduction in pain by 90% with the use of this medication that allows for improved function and ability to walk for up to six (6) days a week. It is also documented that the injured worker undergoes urine drug screens. Therefore, continued use of this medication would be appropriate for this injured worker. However, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested OxyContin 80mg, #270, is not medically necessary or appropriate.