

Case Number:	CM13-0069817		
Date Assigned:	01/03/2014	Date of Injury:	04/15/2006
Decision Date:	06/04/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 04/15/2006. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back that ultimately resulted in multiple surgical interventions. The injured worker's chronic pain was managed by medications. The injured worker was evaluated on 11/18/2013. It was documented that the injured worker had pain rated at 8/10 to 9/10 without medications that was reduced to a 5/10 with medications. It was documented that the injured worker was taking Vicodin, oxycodone, and Soma. Physical findings included limited range of motion secondary to pain with a positive left sided straight leg raising test. The injured worker's diagnosed included status post lumbar spine surgery times 3; post laminectomy syndrome/failed back syndrome; lumbar radiculopathy, chronic; and low back pain. The injured worker's treatment plan included spinal cord stimulator trial and refill of medications to include Vicodin, Oxycodone, Gabapentin, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN #120: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker has pain relief resulting from medications. However, functional increases resulting from medication usage was not provided. Additionally, there is no evidence that the injured worker is monitored for aberrant behavior or is engaged in an opioid contract with the treating physician. Therefore, continued use of this medication would not be supported. Also, the request as it is submitted does not provide a frequency or dosage. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested VICODIN #120 is not medically necessary or appropriate.

SOMA 350 MG #120: Upheld

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

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended period of time. The California Medical Treatment Utilization Schedule recommends muscle relaxants for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. The clinical documentation submitted for review fails to provide any evidence that the injured worker is experiencing an acute exacerbation of chronic pain that would benefit from a muscle relaxer. Additionally, there is no documentation of functional benefit resulting from medication usage. The request as it is submitted also fails to provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested SOMA 350 MG #120 is not medically necessary or appropriate.