

Case Number:	CM14-0004330		
Date Assigned:	02/05/2014	Date of Injury:	05/09/2000
Decision Date:	06/24/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/11/2014

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 Internal Medicine 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 is a 59 year old male who reported a lifting injury to his lower back on 05/09/2000. Within the clinical note dated 11/11/2013 the injured worker reported pain to his lower back rated 8-9/10 with radiating numbness and tingling bilaterally to the lower extremities. The prescribed medication list included Duragesic Patch, Percocet, Soma, and Lyrica. The physical exam reported the injured worker deferred range of motion and palpation due to pain. Diagnoses included post-laminectomy syndrome, Lumbar/Sacral radiculopathy, and depressive disorder. The request for authorization was not provided within the submitted documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA (CARISOPRODOL). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The CA MTUS guidelines do not recommend Soma as it is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant

whose primary active metabolite is meprobamate. The injured worker has documented prolonged utilization of Soma which is not recommended by the guidelines. Additionally, the efficacy of the medication was unclear. Hence, the request is not medically necessary.

OXYCODONE 15MG: Upheld

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

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

Decision rationale: The CA MTUS guidelines recognize four domains that 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. There is a lack of documentation that the injured worker has undergone urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker reported high pain ratings and a limited pain assessment was provided which did not indicate whether the pain ratings were performed with or without medication. Lastly, the injured worker did not show adequate objective signs of functional improvement while on the medication. Hence, the request is not medically necessary.

ZOFRAN ODT 4MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for Opioid Nausea).

Decision rationale: The Official Disability Guidelines state Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The guidelines note the use of antiemetics for nausea related to chronic opioid use is not recommended. The injured worker does not present with evidence of any of the guidelines recommended uses. It was unclear if the injured worker had significant symptomatology as well as the etiology of the nausea was unclear. Hence, the request is not medically necessary.

PERCOCET 10/325MG: Upheld

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

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

Decision rationale: The CA MTUS guidelines recognize four domains that 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. There is a lack of documentation that the injured worker has undergone urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker reported high pain ratings and a limited pain assessments was provided which did not indicate whether the pain ratings were performed with or without medication. Lastly, the injured worker did not show adequate objective signs of functional improvement while on the medication. Hence, the request is not medically necessary.