MAXIMUS Federal Services

Case Number:	CM14-0107508		
Date Assigned:	09/24/2014	Date of Injury:	04/16/2002
Decision Date:	10/30/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 63-year-old male who reported an injury on 04/16/2002 while working as a unit nurse at a prison, an inmate tried to escape and was chased down by guards, all 3 of them running into the injured worker, knocking him to the ground with loss of consciousness. The injured worker complained of lower back pain. The injured worker had diagnoses of degenerative disc disease and degenerative joint disease of the lower back. The MRI of the lumbar spine, dated 02/10/2014, revealed L1-2 disc narrowing, desiccated, and demonstrated a 5 mm diffuse posterior annular bulge, L2-3 revealed posterior disc desiccated and demonstrated 6 mm diffuse posterior disc osteophyte complex. The past treatments included physical therapy, chiropractic therapy, epidural blocks, cortisone injections, pain medication, and radiofrequency. The prior surgeries included a micro decompression at the L4-5 x5 years ago. The medications included Roxicodone 30 mg, morphine 30 mg, Neurontin 300 mg, Soma 350 mg, and Flurazepam. The injured worker rated his pain level a 3/10 but pain increases up to 7/10 using the VAS. The physical assessment, dated 06/25/2014, of the lumbar spine, revealed paravertebral muscular spasms with tenderness to palpation and decreased range of motion with flexion, neuro intact. The treatment plan included continue medication and dosage, home exercise program/physical therapy, and return in 3 weeks. Request for Authorization, dated 06/30/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate Tablets 15mg: Upheld

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

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

Decision rationale: The California MTUS recommends that there should be documentation of the 4 A's of ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends the dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent dosage of the different opioids must be added together to determine the cumulative doses. The clinical notes indicated that the injured worker is taking morphine sulfate 15 mg at bed and 30 mg 3 times a day for a total of 105 mg, and also taking Roxicodone 30 mg 1 to 2 tablets 3 times a day, that is an average of 90 to 100 mg per day, for a total day equivalent of 240 to 375 mg a day, that exceeds the recommended dose of the morphine equivalent guidelines. The urinalysis, dated 04/03/2014, revealed the injured worker had been positive for methadone, EDDP, and oxycodone, which revealed 27212 mg/mls value. The request did not address the frequency. As such, the request is not medically necessary.

Roxicodone Tablets 30 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS recommends that there should be documentation of the 4 A's of ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends the dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent dosage of the different opioids must be added together to determine the cumulative doses. The clinical notes indicated that the injured worker is taking morphine sulfate 15 mg at bed and 30 mg 3 times a day for a total of 105 mg, and is also taking Roxicodone 30 mg 1 to 2 tablets 3 times a day, that is an average of 90 to 100 mg per day, for a total day equivalent of 240 to 375 mg a day, that exceeds the recommended dose of the morphine equivalent guidelines. The urinalysis, dated 04/03/2014, revealed the injured worker had been positive for methadone, EDDP, and oxycodone, which revealed 27212 mg/mls value. The request did not address the frequency. As such, the request is not medically necessary.

Soma Tablets 350 Mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 39.

Decision rationale: The California MTUS Guidelines do not recommend. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The injured worker's urinalyses collected on 04/03/2014, indicated that Soma was not detected, indicating that the injured worker is not following the medication regimen. Soma is not recommended. This medication is not indicated for long-term use. The request did not indicate the frequency. As such, the request is not medically necessary.