MAXIMUS Federal Services

Case Number:	CM14-0011405		
Date Assigned:	02/21/2014	Date of Injury:	05/05/2000
Decision Date:	07/09/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 60 year old male who sustained an injury on 05/05/00. No specific mechanism of injury was noted. The injured worker has been followed for chronic low back pain radiating through the lower extremities with associated numbness and tingling. The injured worker has been provided multiple medications to include narcotics, muscle relaxers, anticonvulsants, topical analgesics, and Lisinopril. As of 10/15/13, the injured worker's pain scores were 3/10 on the VAS. The injured worker did report benefits from medications. No symptom changes were noted. At this visit, the injured worker was utilizing Norco 10/325mg every 4 hours for pain and Oxycodone 30mg every 6 hours. Other medications included Soma 350mg every 12 hours, Neurontin 300mg 2 pills 3 times a day, topical Lidoderm patches, Terocin lotion, and a compounded medication that included Gabapentin, Ketoprofen, and Lidocaine. On physical examination, there was good range of motion of the lumbar spine. Weakness was noted throughout the lower extremities, more significant at the bilateral hips. No sensory loss or reflex changes were noted. Follow up on 12/10/13 reported very minimal pain in regards to the low back. No medication changes were noted. The injured worker's physical examination remained unchanged. Per the report, the injured worker had successfully reduced his Norco intake by 25% going from 4 tablets per day down to 3. There was a continuing goal of discontinuing Norco altogether. The injured worker was recommended to continue with aquatic therapy. Oxycodone 30mg, quantity 90, Norco 10/325mg, quantity 90, and Soma 350mg, quantity 60 were all denied by utilization review on 01/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL 30MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the requested Oxycodone 30mg, quantity 90, this medication is medically necessary based on review of the clinical documentation submitted as well as current evidence based Chronic Pain Medical Treatment Guidelines. The injured worker is documented to have very low pain scores with the ongoing use of Oxycodone for pain. The injured worker has been functionally stable. No aberrant medication use or diversion was identified in the clinical reports. The injured worker was successful in slowly weaning down on narcotic medications starting with Norco. While the injured worker is actively weaning down from Norco, Oxycodone should be continued for baseline pain control. Therefore the request is medically necessary.

NORCO 10/325 #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to Norco 10/325mg, quantity 90, this medication is medically necessary based on review of the clinical documentation submitted as well as current evidence based Chronic Pain Medical Treatment Guidelines. The injured worker is documented to have very low pain scores with the ongoing use of Norco for pain. The injured worker has been functionally stable. No aberrant medication use or diversion was identified in the clinical reports. The injured worker was successful in slowly weaning down on narcotic medications starting with Norco. Given the ongoing pain control with the continuing tapering of Norco, this medication was medically appropriate as part of the injured worker's pain management regimen. Therefore the request is medically necessary.

SOMA 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-67.

Decision rationale: In regards to the use of Soma 350mg quantity 60, this medication is not medically necessary based on the clincial documentatin provdied for review and current evidence based Chronic Pain Medical Treatment Guidelines recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore the request is not medically necessary.