

Case Number:	CM14-0016419		
Date Assigned:	04/11/2014	Date of Injury:	10/09/2009
Decision Date:	08/14/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 and is licensed to practice in Illinois. 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 36-year-old male with a reported date of injury on 10/09/2009. The mechanism of injury was not provided. The injured worker had an examination on 01/20/2014 with complaints of lower back pain that he rated at 7-8/10. He reported the pain as being constant and increased to sharp pain with shooting sensation bilaterally to the buttocks. The pain was increased with standing, sitting, bending, and lifting. Prior treatments included physical therapy which provided minimal temporary pain relief, facet injections, and epidural injections. The injured worker also had a history of osteoarthritis. He reported having a daily exercise program of stretching and strengthening, and none of those have the efficacy provided. The medications list included Celebrex, oxycodone, Soma, and OxyContin. The diagnoses consisted of degeneration of the lumbar or lumbosacral intervertebral disc, spinal stenosis in the lumbar region without neurogenic claudication and lumbago. The recommended plan of treatment to refill his medications, which included Oxycontin, Soma, Oxycodone, and Celebrex. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 10MG# 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 78-79.

Decision rationale: The request for oxycontin 10mg# 60 is non-certified. The injured worker has a history of back pain and a diagnosis of osteoarthritis. The California MTUS Guidelines recommend for ongoing monitoring of people that are on opiates to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. There were no side effects reported. There also was not a urinalysis provided to determine if the injured worker is compliant with the prescribed medication regimen. There was no evidence of aberrant behavior noted. The California MTUS Guidelines also recommend discontinuing opioids when there is no overall improvement in function unless there were extenuating circumstances. There was no evidence of any significant pain relief or significant improvement in function. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for oxycontin 10mg# 60 is not medically necessary.

CELEBREX 200MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 22, 67.

Decision rationale: The request for celebrex 200mg, #60 is non-certified. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. The California MTUS Guidelines also state there is conflicting evidence that an NSAID is more effective than that of Tylenol. The California MTUS Guidelines recommend NSAIDs for chronic low back pain for short-term symptomatic relief. The guidelines also state the the use of Celebrex is for signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. The guidelines also recommend Celebrex for patients that have a risk for GI complications. There is no evidence or complaints of GI issues within the documentation. There is a lack of evidence of the efficacy of the medication as evidenced by significant objective functional improvement. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for celebrex 200mg, #60 is not medically necessary.

OXYCODONE 15MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 78-79.

Decision rationale: The request for OXYCODONE 15MG, #120 is non-certified. The injured worker has a history of back pain and a diagnosis of osteoarthritis. The California MTUS Guidelines recommend for ongoing monitoring of people that are on opiates to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. There were no reported side effects. There also was not a urinalysis provided to determine if the injured worker is compliant with the prescribed medication regimen. There was no evidence of aberrant behaviors documented. The California MTUS Guidelines also recommend discontinuing opioids when there is no overall improvement in function unless there were extenuating circumstances. There was no evidence of any significant pain relief or significant improvement in function. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for oxycodone 15mg, #120 is not medically necessary.

SOMA 350MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisopradol (soma) Page(s): 29, 78.

Decision rationale: The request for soma 350mg, #90 is non-certified. The California MTUS Guidelines do not recommend Soma. This medication is not indicated for long-term use. The injured worker has been prescribed this medication since at least 07/03/2013. The duration and continuation of treatment with this medication would exceed the guideline recommendation for a short course of therapy. There is a lack of evidence of the efficacy of this medication as well. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for soma 350mg, #90 is not medically necessary.