

Case Number:	CM14-0017734		
Date Assigned:	04/16/2014	Date of Injury:	06/14/2006
Decision Date:	06/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/12/2014

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 and Rehabilitation 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 patient is a 58-year-old male who was injured on 06/14/2006. The mechanism of injury is unknown. Prior treatment history has included 3/6 message therapy treatments. The patient underwent decompression and fusion of the lumbar spine L3-4, L4-5; left foot 4th toe amputation 04/08/2013; percutaneous coronary intervention (PCI), of proximal and mid left anterior descending artery (LAD) 08/2012; and vascular bypass for the legs 04/03/2013. Urine drug screen (UDS) dated 11/25/2013 detected Oxycodone/noroxycodone, Temazepam; Oxazepam; and Nordiazepam. No Soma was detected. The patient states that he is still taking those medications. The reason why it was not detected is because for the month of November, his medications were cut in half by the insurance company and had to go without medications. It was explained to the patient that if the medications that are being prescribed to him but not detected in his urine, the provider reserves the right to reduce or even stop prescribing him the medications. The patient expresses an understanding. Progress report dated 02/26/2014 reports review of systems positive for headache, tinnitus, nervousness, night sweats, depression, fatigue, bowel irregularity, rashes, and weight loss. The patient complains of increasing low back pain now that the weather is colder. He continues to take 2 OxyContin and 4 Percocet a day to alleviate his pain. The patient continues to experience constipation as a side effect of his narcotic pain medications. On exam, he has an antalgic gait with single point cane. There is tenderness to palpation of the paraspinal muscles. He has limited range of motion with pain. There is diminished sensation of the right L4-S1 roots; motor is intact bilaterally. The diagnoses are chronic pain; hypertension; lumbar spinal stenosis; opioid dependence; spondylolisthesis L5-S1; status post decompression and fusion L3-4 and L4-5. The patient is taking OxyContin 40 mg #60; Percocet 10/325 #150; Valium 10 mg; Soma 350 mg; and Docusate 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, specific drug list, and Section Opioids Page(s): 74-96, 74-80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS guidelines also note that opioids, such as Percocet, may be efficacious for short-term use, but the efficacy of long-term use is limited. The MTUS states that continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical report does not document quantitative pain levels. The medical records do not demonstrate either return to work or improvement in function and pain with opioid use. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. In addition, there is no mention of the patient utilizing any non-opioid means to improve function and pain. The medical necessity of Percocet has not been established. Weaning is advised to avoid withdrawal symptoms.

SOMA 325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®), Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Carisoprodol (Soma®).

Decision rationale: According to the CA MTUS and Official Disability Guidelines (ODG), Carisoprodol (Soma®) is not recommended. 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). Abuse has been noted for sedative and relaxant effects. There is no evidence of muscle spasms on examination. Regardless, Soma is not recommended under the guidelines. Furthermore, chronic and ongoing use of muscle relaxants is not supported by the medical literature, and is not recommended under the guidelines. The chronic use of Soma is not appropriate and therefore medical necessity has not been established. Weaning is advised to avoid withdrawal symptoms.

DOCUSATE 100MG, #180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; PAIN CHAPTER.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

Decision rationale: Regarding long-term opioid management, the MTUS guidelines recommend routine re-assessment should include documentation of any adverse effects with the medications. The patient reports he continues to experience constipation as a side effect of his narcotic medication use. The MTUS guidelines suggest that when initiating opioids, prophylactic treatment of constipation should be initiated. The medical records do not establish continued opioid therapy is medically necessary and appropriate in this case, and has been recommended that opioids be weaned and discontinued. In the interim, a stool softener is medically necessary to ameliorate constipation. As such, the request for Docusate 100mg, #180 is certified.