

Case Number:	CM14-0112738		
Date Assigned:	08/01/2014	Date of Injury:	08/10/2002
Decision Date:	10/01/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in California and Washington. 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 49-year-old male who reported an injury on 08/10/2002. The injured worker's diagnoses are noted to be status post L5-S1 posterior lumbar interbody fusion; status post previous successful spinal cord stimulator trial; bilateral lower extremity radiculopathy of the lumbar spine; and depression status post closed skull fracture. The injured worker had prior treatments of injections and medications. He had diagnostic image studies. The injured worker had prior surgical history of the spine. A primary treating physician's progress report dated 06/26/2014 noted subjective complaints of medication refills only. The injured worker stated pain management was adequate. Because pain is controlled he is now living in an apartment and not living out of his car. The injured worker also noted he had decreased pain overall from last visit and is sleeping better. The objective findings noted he had pain with left and right lateral rotation at 30 degrees, left and right lateral tilt at 50 degrees. He had multiple trigger points present in the paraspinal muscles of the lumbar spine. Motor strength was 4/5 in the lower extremities. Reflexes were 1+ and equal bilaterally in the lower extremities. Straight leg raise was positive bilaterally at 90 degrees. The treatment plan was to refill only the Norco, Soma will be continued at the reduced dose of 4 per day, Xanax and Cymbalta refills as well. The injured worker will get trigger point injections in the paraspinal muscles as well as Toradol shot. A followup appointment was made for 4 weeks. The provider's rationale was within the request. A Request for Authorization form was provided and dated 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patches #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/duragesic.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that while transdermal patches are indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opioid therapy. The pain cannot be managed by other means. The guidelines continue to Note: Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. The patches are to be worn for a 72 hour period. The documentation submitted for review does not indicate a tolerance for opioids. In addition, it does not indicate why the injured worker would need around the clock opioid therapy. The provider's request fails to indicate a frequency. In addition, the Duragesic patch request is not specific to mcg. As such, the request is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Soma. This medication is not indicated for long term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. It has been suggested that the main effect is generalized sedation and useful for treatment of anxiety. Abuse has been noted for sedative and relaxant effects. There is little research in terms of weaning of high dose Soma and there is no standard treatment regimen for patients with known dependence. Most treatment includes symptomatic complaints of withdrawal. Tapering should be individualized for each patient. The provider's request for Soma does not indicate frequency of use. In addition, it is not noted if prior use of Soma was efficacious for the injured worker. The guidelines do not recommend Soma due to side effects. Therefore, the request is not medically necessary.

Norco 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81, 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The progress report provided for review fails to provide an adequate pain assessment. A pain assessment for a patient on opioid therapy should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In addition to the lack of pain assessment; the provider's request fails to indicate a dosage frequency. Efficacy with prior use was not noted within the review. As such, the request is not medically necessary.

Xanax ER 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 66.

Decision rationale: The California MTUS Medical Treatment Guidelines indicate benzodiazepines as a not recommended drug class. These are not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over nonbenzodiazepine for the treatment of spasms. The use of a benzodiazepine and efficacy was not addressed within the clinical note dated 06/26/2014. In addition, the provider's request fails to provide a dosage frequency. The guidelines do not recommend benzodiazepines. Therefore, the request is not medically necessary.