

Case Number:	CM14-0115611		
Date Assigned:	08/04/2014	Date of Injury:	08/11/1999
Decision Date:	12/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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:

According to the records made available for review, this is a 52-year-old female with an 8/11/99 date of injury. At the time (6/19/14) of request for authorization for Soma 350mg, #90, Norco 10/325mg #90 with 1 refill, Oxycodone 15mg, #100 with 1 refill, and Lorazepam 0.5mg #75 with 1 refill, there is documentation of subjective (moderate neck pain and low back pain radiating to bilateral legs) and objective (tenderness over cervical as well as lumbar paravertebral muscle with spasm and decreased range of motion) findings, current diagnoses (lumbar disc disease, cervical radiculopathy, and sacroiliac pain), and treatment to date (medications (including ongoing treatment with Lorazepam since at least 2013, Lidoderm patch, Soma since at least 2012, Norco, and Oxycodone)). Medical report identifies that current medications helps decrease pain and increase activities of daily living; and that the patient signed a pain contract. Regarding Soma 350mg, #90, there is no documentation of acute exacerbation of chronic low back pain; short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of Soma use to date. Regarding Norco 10/325mg #90 with 1 refill, there is no documentation of functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of Norco use to date. Regarding Oxycodone 15mg, #100 with 1 refill, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time; and functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of Oxycodone use to date. Regarding Lorazepam 0.5mg #75 with 1 refill, there is no documentation of an intention for short-term treatment (less than 4 weeks); and functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of Lorazepam use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90: Upheld

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

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, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, cervical radiculopathy, and sacroiliac pain. In addition, there is documentation of ongoing treatment with Soma; and Soma used as a second line option. However, despite documentation of spasm and given documentation of an 8/11/99 date of injury, there is no (clear) documentation of acute muscle spasms, or acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Soma since at least 2012, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation that current medications helps decrease pain and increase activities of daily living, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg, #90 is not medically necessary.

Norco 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar dis disease, cervical radiculopathy, and sacroiliac pain. In addition, given documentation that the patient signed a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that current medications helps decrease pain and increase activities of daily living, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #90 with 1 refill is not medically necessary.

Oxycodone 15mg, #100 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80, 92. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycodone. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycodone. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar dis disease, cervical radiculopathy, and sacroiliac pain. In addition, there is documentation of moderate pain. Furthermore, given documentation that the patient signed a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, despite documentation that current medications helps decrease pain and increase activities of daily living, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of Oxycodone use to date. Therefore, based on

guidelines and a review of the evidence, the request for Oxycodone 15mg, #100 with 1 refill is not medically necessary.

Lorazepam 0.5mg #75 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Ativan range of action includes anxiolytic, anticonvulsant, and muscle relaxant, as criteria necessary to support the medical necessity of Lorazepam. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar dis disease, cervical radiculopathy, and sacroiliac pain. In addition, there is documentation of ongoing treatment with Lorazepam. However, given documentation of of records reflecting prescriptions for Soma since at least 2013, there is no documentation of an intention for short-term treatment (less than 4 weeks). In addition, despite documentation that current medications helps decrease pain and increase activities of daily living, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; and an increase in activity tolerance as a specific result of Lorazepam use to date. Therefore, based on guidelines and a review of the evidence, the request for Lorazepam 0.5mg #75 with 1 refill is not medically necessary.