

Case Number:	CM14-0121211		
Date Assigned:	08/06/2014	Date of Injury:	06/29/2010
Decision Date:	09/15/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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 Medicine 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 54 year old female injured on 06/29/10 due to an undisclosed mechanism of injury. Diagnoses include status-post repeat bilateral facet joint radiofrequency nerve ablations, status-post bilateral cervical facet medial branch blocks, cervical facet joint arthropathy, right paracentral disc protrusion at C6-7, central disc bulge at C5-6, cervical degenerative disc disease, cervical sprain/strain, and hypertension. Clinical note dated 06/06/14 revealed the injured worker presented complaining of bilateral lower neck pain, right greater than left, radiating into the bilateral shoulder and scapular area. The injured worker rated the pain at 5/10 on VAS. Physical assessment revealed tenderness upon palpation of bilateral cervical paraspinal muscles over bilateral C4 to T1 facet joints, decreased cervical range of motion, facet joint provocative maneuvers positive, muscle spasms, nerve root tension signs negative bilaterally, muscle stretch reflexes bilaterally in the upper extremities, clonus/Bobinsky's/Hoffmann's absent bilaterally, muscle strength 5/5 in the bilateral upper extremities, and remainder of examination unchanged from previous visits. Medications included HCTZ, Percocet 10-325mg every 8 hours PRN, Soma 350mg bid PRN, Ambien 5mg qhs PRN, Lidoderm patch, and anti-nausea medication. Documentation indicates Oxycodone 10-325mg decreases pain from 9/10 to 4-5/10 on VAS and allows for performance of activities of daily living such as personal hygiene, basic food preparation, and minor home care. Prior urine drug screen were consistent with prescribed medications. The injured worker was provided with prescriptions for Ambien, Oxycodone, and Soma. The initial request for Trazodone 50mg #30, Oxycodone 10-325mg #90, and Soma 350mg #60 was initially non-certified on 07/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established.

Oxycodone 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established.

Soma 350mg # 60: 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 Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. Therefore, this request is not medically necessary.

