

Case Number:	CM14-0124454		
Date Assigned:	08/08/2014	Date of Injury:	07/03/2011
Decision Date:	09/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 53 year old male who suffered a work related injury on 07/03/11. He injured his right shoulder, low back and right hip and right knee after tripping on a round electrical vault and falling on 07/03/11. Treatment to date has included physical therapy x 14 visits in 2011, MRI of the right shoulder on 11/05/11, right shoulder arthroscopy on 01/23/12 followed by 28 postoperative physical therapy visits, MRI lumbar spine in 04/2013, oxygen therapy approved on 07/11/14, pain medication. The most recent clinical document submitted for review is dated 06/30/14. The injured worker continues to complain of low back and bilateral leg symptoms. He reports that he feels weak. He reports that he is not able to stay awake and is extremely fatigued. He spends days in a reclining chair as this is where he is in less pain. As a result of not being active and because of depression he has gained a significant amount of weight. The injured worker reports that his pain is at least a 7/10 and at its worst it is 10/10. Pain at present is 8/10. Location of pain is at the low back and bilateral legs. Pain is described as aching, constant and severe. Current medications are Zocor, Lopid, Zoloft, Trazodone, Klonopin, Xanax, Dilaudid, Soma, and Opana. Physical examination notes well-developed and morbidly obese male. He is alert and oriented. His mood and affect reveals that the injured worker is in depression. He is in acute distress. No apparent loss of coordination. Inspection of the lumbar spine reveals no scoliosis. Straight leg raising on the right is positive. Straight leg raising on the left is positive. There is tenderness to palpation to the bilateral lumbar facets at L3-S1. There is pain noted over the lumbar intervertebral spaces on palpation. No pain is noted over the SI joints bilaterally. There are palpable trigger points with twitch in the lumbar paraspinal muscles. The injured worker's gait appears to be antalgic and unsteady. Anterior flexion of the lumbar spine is noted to be 20 degrees and causes pain. Extension of the lumbar spine is 5 degrees and causes pain. Motor strength is grossly normal except for right lower extremity weakness and dragging

his right leg. Lower extremity sensation is intact except for some numbness of the right outer thigh. Prior utilization review on 07/30/14 there was a modified approval for the Dilaudid. The Soma and Opana were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #240: 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 a significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established.

Opana ER 40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74.

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 a significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established.

Soma 350mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. However, abrupt cessation of this medication can be harmful and requires a slow taper over 2-4 weeks. As such, the request is medically necessary.