MAXIMUS Federal Services

Case Number:	CM14-0151714		
Date Assigned:	09/19/2014	Date of Injury:	02/03/2000
Decision Date:	10/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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 Tennessee. 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:

This is a 75-year-old female with a 2/3/2000 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/14/14 noted subjective complaints of back pain. Objective findings included back tenderness. It is noted that overall the patient reports 70% improvement with the current regimen with improved pain, range of motion, activity, and ADLs. The patient has been very stable on her low dose opioid regimen. There are no concerns for misuse or abuse. From the records, she has follow-up visits every 2-4 months. The direction of her prescriptions are Norco 10mg 1 tab Q12H prn and for Dilaudid 2 mg 1-2 tab q6H prn severe pain. This would result in a maximum morphine equivalent dose of 84 MED. Diagnostic Impression: lumbar facet arthropathy, lumbar degenerative disc disease, lumbagoTreatment to Date: medication management, medial branch nerve ablation A UR decision dated 8/26/14 denied the request for Soma 350 mg #30 with 1 refill. It also denied Norco 10/325 mg #28 with 2 refills. It also denied Dilaudid. It also denied Lidoderm. There were no rationales provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30 with 1 refill: 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 Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to Meprobamate, an Anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including Opiates and Benzodiazepines. However, given the 2000 date of injury, it is unclear how long the patient has been on Soma for. Guidelines do not recommend it for long-term use due to its risk of dependence. Therefore, the request for Soma 350 mg #30 with 1 refill was not medically necessary.

Norco 10/325mg #28 with 2 refills: 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 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is documented that her opioid treatment has resulted in 70% improvement with improved pain, range of motion, activity and ADLs, that the patient has been very stable on her low dose opioid regimen, and that there are no concerns for misuse or abuse. Additionally, it appears she follows up every 2-4 months with her provider therefore the requested 2 refills is reasonable. If taken in the maximum amount as she is prescribed, Norco and Dilaudid use would result in 84 MED daily, which is within guidelines. Because of documented objective improvement as well as safety, continued use of Norco is recommended. Therefore, the request for Norco 10/325 mg #28 with 2 refills was medically necessary.safety, continued use of Norco is recommended. Therefore, the request for Norco 10/325 mg #28 with 2 refills was medically necessary.

Dilaudid: 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 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is well documented that her current regimen has resulted in objective benefit. However, there is no rationale for the use of both Norco as well as Dilaudid. Additionally, there is no mention of the dosage, frequency, or quantity requested. Therefore, the request for Dilaudid was not medically necessary.

Lidoderm: 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 Lidocaine Patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

Decision rationale: CA MTUS states that Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (Tri-Cyclic or SNRI Anti-Depressants or an AED such as Gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, there is no documentation of a failure of a trial of first line therapy with antidepressants and/or antiepileptic's. Additionally, the location of application, frequency, and number were not specified. Therefore, the request for Lidoderm was not medically necessary.