MAXIMUS Federal Services

Case Number:	CM14-0160223		
Date Assigned:	10/03/2014	Date of Injury:	12/10/2000
Decision Date:	11/06/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/30/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported an injury on 12/10/2000. The mechanism of injury was not provided. The injured worker's diagnoses included right great toe pain and L5-S1 segmental instability with parts intra-articularis defect. The injured worker's past treatments included physical therapy and medications. The injured worker's diagnostic testing included an MRI of the lumbar spine performed on 06/06/2014; it revealed congenital narrowing of the spinal canal, disc and facet abnormalities, suggestions of bilateral pars defects at L5, and reverse wedging of L5. There were no relevant surgeries documented. On 07/21/2014, the injured worker complained of pain in the low back that she rated a 10/10 on the pain scale. She reported that the pain was worsening. Upon physical examination, the injured worker was noted with restricted and guarded range of motion of the lumbar spine with standing flexion and extension. There was palpable paravertebral muscle tenderness and spasm noted. He was also noted to have tingling and numbness in the posterior leg and lateral foot. The injured worker's medications included narcotic pain medication. The request was for oxycodone 30 mg and Soma 350 mg. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

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 Cariesprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol; Muscle relaxants Page(s): 29; 63, 65..

Decision rationale: The request for Soma 350mg, #90 is not medically necessary. The California MTUS Guidelines do not recommend carisoprodol. This medication is not indicated for long term use. Carisoprodol is now scheduled in several states, but not on a federal level. 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 abuse has also been noted in order to augment or alter effects of other drugs. This includes a combination with hydrocodone. Soma is not recommended for longer than a 2 to 3 week period. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. The guidelines may recommend a nonsedating muscle relaxant with caution as a second line option for short term therapy treatment of acute exacerbations in patients with chronic low back pain. The injured worker was noted with spasm upon palpation with the examination to the lumbar spine. The documentation did not provide sufficient evidence of significant objective functional status. The documentation does not indicate how long the patient has been using the medication and the efficacy of the medication. In the absence of documentation with evidence of how long the patient has been using the medication, a complete and thorough pain evaluation, and documented evidence of the objective functional status, the request is not supported. Additionally, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.

Roxicodone 30mg, #120: 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): 78-80.

Decision rationale: The request for Roxicodone mg, #120 is not medically necessary. The California MTUS Guidelines may recommend ongoing opioid therapy for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include a quantified current pain, the least reported pain over the period since last assessment, intensity of pain after taking the opioid, 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. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The guidelines recommend continuing opioids if the patient has returned to work and if the patient has improved functioning and pain. The injured worker complained of low back pain and rated the pain at 10/10 reporting that the pain was worsening. The documentation did not provide evidence of a decrease in pain when taking medication. The

documentation did not provide evidence of increased functional improvement. There was no documentation of monitoring the injured worker for potentially aberrant drug related behaviors with a urine toxicology screening. In the absence of documentation with evidence of a complete and thorough pain evaluation (to include the intensity of the pain after taking the opioid and how long the pain relief lasts), documented evidence of significant objective functional improvement, and monitoring for aberrant drug related behaviors, the request is not supported. Additionally, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.