

Case Number:	CM14-0163211		
Date Assigned:	10/08/2014	Date of Injury:	04/18/2001
Decision Date:	11/25/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/03/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 59 year old female with date of injury 4/18/2001. The mechanism of injury is not stated in the available medical records. The patient has had lower back pain with radiation of pain to the right lower extremity since the date of injury. She has been treated with a dorsal rhizotomy procedure (specifics not given), epidural steroid injections, physical therapy and medications. MRI of the lumbar spine performed in 05/2012 revealed L4-5 disc disease with a large extrusion of the disc at this level. Objective: decreased and painful range of motion of the lumbar spine, wide based gait, tenderness to palpation of the lumbar paraspinal musculature. Diagnoses: lumbar spine disc disease, degenerative disc disease. Treatment plan and request: Oxycodone, Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #240 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-85, 88-89..

Decision rationale: This 59 year old female has complained of lower back pain with radiation of pain to the right lower extremity since date of injury 4/18/2001. She has been treated with a dorsal rhizotomy procedure (specifics not given), epidural steroid injections, physical therapy and medications to include opioids since at least 02/2012. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone 30mg #240 with 3 refills is not medically necessary and appropriate.

Soma 350mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Page(s): 29.

Decision rationale: This 59 year old female has complained of lower back pain with radiation of pain to the right lower extremity since date of injury 4/18/2001. She has been treated with a dorsal rhizotomy procedure (specifics not given), epidural steroid injections, physical therapy and medications to include Soma since at least 02/2012. The current request is for Soma. . Per the MTUS guideline cited above, Soma is not recommended, and if used, should be used only on a short term basis (4 weeks or less). Use of Soma in this patient has exceeded the recommended time period for use. On the basis of the MTUS guideline cited above, Soma 350mg #90 with 3 refills is not medically necessary and appropriate.