

Case Number:	CM14-0176414		
Date Assigned:	10/29/2014	Date of Injury:	11/10/2007
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48 year old with an injury date on 11/10/07. Patient complains of continued low lumbar pain that travels down the bilateral lower extremities, especially over the site of previous IPG implant per 9/26/14 report. Patient also complains of cervical spine pain and muscle spasms per 9/26/14 report. Based on the 9/26/14 progress report provided by [REDACTED] the diagnoses are: 1. history of lower back pain s/p L3-S1 lumbar fusion from 9/9/092. bilateral lower extremity radicular symptoms3. painful scar in the right superior buttock at the site where the IPG was implanted and then removed4. psychiatric diagnosis per [REDACTED] AME report of 6/18/105. cervical pain with bilateral upper extremity radicular symptoms6. s/p cerebrovascular accident x2 with the ongoing Coumadin therapyExam on 9/26/14 showed "tenderness over inferior gluteal notch and hypersensitivity over area of previous IPG site. Range of motion limited, with extension and right/left lateral flexion all at 5 degrees."Patient's treatment history includes 2 epidural steroid injections (first reduced pain 50% for 8 weeks, second not effective), L3 to S1 lumbar fusion from 2009, spinal cord stimulator implant with subsequent explant, ongoing coumadinization therapy, Lovenox (hematologist states patient is at risk for cardiovascular event if taken off it), H-wave TENS unit, physical therapy, and piriformis injection. [REDACTED] is requesting oxycodone/APA (percocet) 10/325mg #120 (every 4 hours), and carisoprodol (soma) 350mg #90 (3x/day). The utilization review determination being challenged is dated 10/2/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/14/14 to 9/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP (Percocet) 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with lower back pain and bilateral leg pain. The treater has asked for /APAP (percocet) 10/325mg #120 (every 4 hours) on 9/26/14. It is not known how long patient has been taking Percocet, but patient is currently taking Percocet. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Percocet, stating "30% improvement of pain and function with the current medication regimen" of per 9/26/14 report. The patient rates current pain at 7/10 with use of medications, and 10/10 without medications, but does not rate the change in pain specifically related to Percocet. Quality of life change, or increase in specific activities of daily living other than household chores is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The treatment is not medically necessary and appropriate.

Carisoprodol (Soma) 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol; Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: This patient presents with lower back pain and bilateral leg pain. The treater has asked for Carisoprodol (soma) 350mg #90 (3x/day) on 9/26/14. Patient has been taking Soma since 6/5/14. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma for 3 months but MTUS only recommends for short term use (2-3 weeks). The requested carisoprodol (soma) 350mg #90 (3x/day) is not medically necessary. The treatment is not medically necessary and appropriate.

