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| Case Number: | CM14-0023260 | | |
| Date Assigned: | 05/14/2014 | Date of Injury: | 06/04/2003 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 01/24/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Anesthesiology and is licensed to practice in Massachusetts, New Jersey, Connecticut and Texas. 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 31-year-old female injured to her low back while performing her regular work. Current diagnoses include lower back strain, lumbar laminectomy syndrome, and lumbar degenerative disc disease. The injured worker is status post lumbar discectomy dated 10/1/04. Current diagnoses include lumbar laminectomy syndrome, lumbar degenerative disc disease, and low back pain. Clinical note dated 01/23/14 indicates the injured worker began trialing MS Contin however continued to require approximately 5 Norco per day. The injured worker presented for continued complaints of lower back ache. She is taking her medications as prescribed. She continues to do home exercise program daily, with the medications she has been able to continue working. Upon physical examination of the lumbar spine, range of motion is restricted with pain. On palpation, paravertebral muscles, spasm and tenderness is noted on both sides. Ankle jerk and patellar jerk were measured as 1/4 bilaterally. On sensory examination, light touch sensation is decreased over lateral thigh on the left side. Current medications are Celebrex, Lyrica, Colace, MS Contin, Norco and Soma. Plan is to continue medications. Function and activities of daily living improved optimally on current doses of medications. She states she is taking her medications as prescribed. She still has pain symptoms on a continuous basis, but they are alleviated somewhat by current medications. She has been instructed to walk for exercise as tolerated, continue home exercise program and perform stretching exercises. The initial request for 45 tablets of carisoprodol 350MG was initially denied on 01/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 TABLETS OF CARISOPRODOL 350MG: Overturned

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

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 injured worker 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, a modification for a one month prescription of carisoprodol for weaning purposes is necessary.

30 TABLETS OF MORPHINE SULFATE EXTENDED RELEASE 15MG: Overturned

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): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, 30 tablets of morphine sulfate extended release 15MG is recommended as medically necessary at this time.

75 TABLES OF HYDROCODONE/APAP 10/325MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of

narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, 75 tablets of hydrocodone/APAP 10/325MG is recommended as medically necessary at this time.

90 TABLETS OF LYRICA 100MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the request for 90 tablets Of Lyrica 100MG is recommended as medically necessary.