

Case Number:	CM14-0025314		
Date Assigned:	06/11/2014	Date of Injury:	01/24/2008
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in 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 49-year-old male who reported an injury on 01/24/2008 after his slipped and fell. The injured worker has a history of severe back pain. The injured worker is status post L5-S1 fusion. The computed tomography (CT) scan revealed no large disc protrusion or spinal stenosis. A bony protrusion is seen from the vertebral body L5 on the left causing some narrowing at the L5 neuroforaminal space of uncertain clinical significance. The injured worker as a diagnosis of lumbar disc disorder, painful hardware and lumbar radiculopathy. Medications include oxycodone 15 mg one every 4-6 hours as needed for pain, Soma 350 mg 1 three times a day. The authorization form dated 06/02/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15 MG QTY: 180: 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.

Decision rationale: The request for Oxycodone 15 mg, #180 is not medically necessary. The California MTUS guidelines indicate the evaluation and documentation of the injured worker's

appropriate medication use. The California MTUS guidelines indicate including measurement of function, appropriate medication use, side effects, measures of pain assessment that allow for evaluation of efficacy and whether their use should be maintained include the following current pain and the last reported pain level since the last assessment, average pain, intensity of pain after taking opioids, how long it take for pain relief and how long the pain relief lasts. The documentation provided did not address quantified measures, activities of daily living affecting the injured worker, potential aberrant including a urinalysis. Other conservative care options physical therapy or home exercise program. The documentation did not have objective findings. The request did not provide a frequency as such the request for oxycodone 15 mg is not medically necessary.

SOMA 350 MG QTY:90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 62.

Decision rationale: The request for Soma 350 mg #90 is not medically necessary. The California MTUS guidelines recommend for no longer than a 2-3 well period. The Official Disability Guideline also indicates that the main effect of Soma is due to sedation as well as anxiety. The documentation provided indicated that the injured worker was prescribed Soma 350 mg on 11/04/2013 and again on 01/28/2013, which exceeds the recommended 2-3 week timeframe. The documentation did not address quantitative measurements including the effects that the prescribed medication had on the injured worker such as, activities of daily living or aberrant. The documentation did not have objective findings or indicate why the Soma was prescribed. The request for Soma 350 mg # 90 did not give the frequency on request. As such, the request is not medically necessary.