

Case Number:	CM14-0028736		
Date Assigned:	06/20/2014	Date of Injury:	11/08/1985
Decision Date:	08/07/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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, 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 57-year-old female who reported an injury on 11/08/1985. The mechanism of injury was not provided for clinical review. The diagnoses included post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, lumbar radiculopathy, chronic back pain, and hip bursitis. Previous treatments included epidural steroid injections, an EMG (electromyography), medications, and CT. The clinical note dated 01/24/2013 reported the injured worker complained of low back pain with radicular symptoms to bilateral lower extremities. The injured worker reported pain radiated down posterior aspect of the left thigh and posterior of the right thigh. She rated her pain 8/10 in severity. Upon the physical examination, the provider noted the range of motion of the lumbar spine was restricted with flexion at 40 degrees and limited by pain and extension at 5 degrees. There was tenderness upon palpation to the paravertebral muscles on both sides. The provider requested Oxycontin, Norco, and carisoprodol. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80MG TABLET QTY: 252: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 12/2004. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, Oxycontin 80mg tablet quantity: 252 is not medically necessary.

NORCO 10/325 TABLET QTY: 84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 12/2004. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, Norco 10/325 tablet quantity: 84 is not medically necessary.

CARISOPRODOL 350 MG TABLET QTY: 56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant, page(s) 63-64 Page(s): 63-64.

Decision rationale: The request for Carisoprodol 350 mg tablets quantity: 56 is non-certified. The injured worker reported pain radiated down posterior aspect of the left thigh and posterior of the right thigh. She rated her pain 8/10 in severity. The California MTUS Guidelines recommend non sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The Guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low

back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there was no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time and prolonged use of this medication in this class may lead to dependence. There is a lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 12/2004 which exceeds the Guidelines recommendations of short term use of 2 to 3 weeks. Therefore, Carisoprodol 350 mg tablet quantity: 56 is not medically necessary.