

Case Number:	CM14-0028854		
Date Assigned:	04/09/2014	Date of Injury:	06/10/2008
Decision Date:	07/02/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 55-year-old male who reported an injury on 06/10/2008 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 01/06/2014, the injured worker complained of left low back pain, numbness over left leg and spinal spasming. He was noted as stating that his epidural injections had worn off and that he had good pain relief and would like to repeat them if possible. It was noted that the injured worker had an epidural injection dated 10/31/2013 and 05/02/2013. It was noted that the epidural steroid injections would help the injured worker stabilize his medication management and avoid escalation of the opioids and return to work as planned. It was also noted that the injured worker reported excellent pain relief with trigger point injections in the past which allowed improved physical activity. The injured worker also reported continued radicular leg symptoms of numbness in the left leg and some weakness as well; however, these symptoms eased when he sat down. The prescribed medication regimen included terazosin 5 mg capsule, Voltaren XR 100 mg tablet, Toradol Im 30 mg/mL tubex 60 mg/2 mL, nabumetone 750 mg, Topamax 25 mg, Soma 350 mg tablet 1 tablet twice daily as needed, Motrin 800 mg tablet, oxycodone HCl 30 mg tablet half a tab every 4 to 6 hours as needed, and Celexa 20 mg tablet. Upon physical examination the injured worker was noted to have an antalgic gait, weak muscle on the left and numbness to temperature and vibration on the left. Spinal spasming was noted on palpation of the left paralumbar muscles. An in office treatment of a lumbar trigger point injections was noted upon the clinical visit. The diagnoses included lumbar disc displacement without myelopathy, fasciitis not otherwise specified, lumbosacral disc degeneration and encounter for long term use of other medications. The treatment plan included a request for L5-S1 epidural for radicular leg pain and numbness with the last injection dated 10/31/2013 being helpful for 2 months with increased activity by over 50%. The injection would be performed at a 3 month interval. The

treatment plan also included discussion of the medication subtypes to treat their painful condition such as peripheral muscle relaxant medication to address the spasmodic and soft tissue dysfunction component of their pain as well as a prescription of oxycodone HCl 30 mg tablet half tablet every 4 to 6 hours as needed quantity 90, along with Soma 350 mg tablet 1 tablet twice daily as needed quantity 30, and Toradol IM 30 mg/mL tubex 60 mg/2 mL 1 weekly IM quantity 10. The request form for oxycodone and Soma with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 80,92.

Decision rationale: The request for oxycodone is not medically necessary. The California MTUS Guidelines state that opioids for neuropathic pain are recommended for pain that has not responded to first line recommendations (antidepressants, anticonvulsants). There are no trials of long term use. Oxycodone is indicated for the management of moderate to severe pain or the continuous, around the clock analgesic is needed for an extended period of time. Oxycodone is not intended for use as an PRN (as needed) analgesic. In the clinical notes provided for review, it was noted that the prescription for oxycodone was indicated for as needed basis. The guidelines do not recommend the use of oxycodone as an as needed basis but for around the clock analgesic. Also, the clinical notes do not address the efficacy and frequency of prescribed medications. Furthermore, the request does not include the dosage or frequency. Therefore, the request for oxycodone is not medically necessary.

SOMA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma Page(s): 29, 63.

Decision rationale: The request for Soma is not medically necessary. The California MTUS Guidelines state that Soma (carisoprodol) is not recommended. Soma is not indicated for long term use. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a scheduled IV controlled substance). Soma is now scheduled in several states but not on the federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The guidelines also state that muscle relaxants in most lower back pain cases show no benefit beyond NSAIDs in pain and overall improvement. In the clinical notes provided

for review there was a lack of documentation of the injured worker's pain level status and the measurable pain level status after the use of the prescribed medications. The request also lacks the dosage and frequency. Furthermore, the clinical notes indicate that the prescription for Soma for the injured worker has been on-going and the guidelines state that Soma is not indicated for long term use. Therefore, the request for Soma is not medically necessary.