

Case Number:	CM14-0030318		
Date Assigned:	03/21/2014	Date of Injury:	04/08/1999
Decision Date:	06/10/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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, 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 patient is a 75 year-old female who is reported to have a date of injury of 04/08/1999. The records indicate the patient ultimately underwent decompressive lumbar spinal surgery at L4/5 and L5/S1 in 12/1999. The patient underwent a second surgery (instrumented fusion) at L4/5 and L5/S1 on 05/22/01. There were no substantive improvements with these surgeries and the patient has been diagnosed with a Failed Back Surgery Syndrome (FBSS). A psychiatric report indicates the patient has a history of drug abuse. More recent clinical notes indicate the patient has diffuse whole body pain. The most recent clinical note is dated 02/18/14. At this time the patient continues to have low back pain with radiation into the lower extremities. It is reported he medications have been reduced. A detailed physical examination is not documented. VAS is reported to be 7/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10-325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The patient is a 75 year-old female who is reported to have a date of injury of 04/08/1999. The records indicate the patient ultimately underwent decompressive lumbar spinal surgery at L4/5 and L5/S1 in 12/1999. The patient underwent a second surgery (instrumented fusion) at L4/5 and L5/S1 on 05/22/01. There were no substantive improvements with these surgeries and the patient has been diagnosed with a Failed Back Surgery Syndrome (FBSS). A psychiatric report indicates the patient has a history of drug abuse. The provided records do not sufficient information to establish that the patient has functional improvements as a result of this medication. There is no indication that appropriate monitoring is performed such as pill counts and UDS. Given the patient's prior history this is critical to ensure compliance. Based on the data provided the patient does not meet California MTUS recommendations and medical necessity is not established.

DURAGESIC 50MCG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The patient is a 75 year-old female who is reported to have a date of injury of 04/08/1999. The records indicate the patient ultimately underwent decompressive lumbar spinal surgery at L4/5 and L5/S1 in 12/1999. The patient underwent a second surgery (instrumented fusion) at L4/5 and L5/S1 on 05/22/01. There were no substantive improvements with these surgeries and the patient has been diagnosed with a Failed Back Surgery Syndrome (FBSS). A psychiatric report indicates the patient has a history of drug abuse. The provided records do not sufficient information to establish that the patient has functional improvements as a result of this medication. There is no indication that appropriate monitoring is performed such as pill counts and UDS. Given the patient's prior history this is critical to ensure compliance. Based on the data provided the patient does not meet California MTUS recommendations and medical necessity is not established.

SOMA 350MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPROCARISOPRODOL (SOMA) Page(s): 29.

Decision rationale: The patient is a 75 year-old female who is reported to have a date of injury of 04/08/1999. The records indicate the patient ultimately underwent decompressive lumbar spinal surgery at L4/5 and L5/S1 in 12/1999. The patient underwent a second surgery (instrumented fusion) at L4/5 and L5/S1 on 05/22/01. There were no substantive improvements with these surgeries and the patient has been diagnosed with a Failed Back Surgery Syndrome (FBSS). A psychiatric report indicates the patient has a history of drug abuse. Soma is not

recommended for chronic use as the incidence of abuse is high. The patient has history of drug abuse and is not currently monitored. Serial physical examinations provide minimal information and do not indicate the presence of myospasms. Therefore, based on the data provided the request is not supported by California MTUS Guidelines.

LIDODERM PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56-57.

Decision rationale: The patient is a 75 year-old female who is reported to have a date of injury of 04/08/1999. The records indicate the patient ultimately underwent decompressive lumbar spinal surgery at L4/5 and L5/S1 in 12/1999. The patient underwent a second surgery (instrumented fusion) at L4/5 and L5/S1 on 05/22/01. There were no substantive improvements with these surgeries and the patient has been diagnosed with a Failed Back Surgery Syndrome (FBSS). A psychiatric report indicates the patient has a history of drug abuse. The patient has reports of diffuse pain. The record provides not data regarding the use and efficacy of this medication. Further, there is no documentation of prior failure of other first line medications.