

Case Number:	CM14-0031053		
Date Assigned:	06/20/2014	Date of Injury:	08/04/1989
Decision Date:	10/08/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/12/2014

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 Management 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 61-year-old male who reported an injury on 08/04/1989. The mechanism of injury was not provided. On 02/13/2014, the injured worker presented with low back and neck pain. Current medications included Soma, Voltaren gel, Lorazepam, fentanyl, and Norco. Upon examination of the cervical spine, there was a positive facet stress test, 5-/5 strength on the left and 5/5 strength on the right, decreased sensation to the left C8 distribution, and symmetrical deep tendon reflexes. There was a positive left sided Tinel's and a slow gait. The diagnoses were shoulder joint pain, lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, lumbar facet arthropathy, cervicalgia, and sciatica. The provider recommended Soma, fentanyl patch, and Norco. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60 with 4 (four) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol) Page(s): 105.

Decision rationale: The California MTUS states that Soma is not recommended. It is not indicated for long term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Fentanyl patch 12 mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44.

Decision rationale: The California MTUS does not recommend fentanyl as a first line therapy. It is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There is lack of documentation of the injured worker's unresponsiveness to a first line therapy. There is lack of documentation that the injured worker's pain cannot be managed by other means and would require continuous opioid analgesia for pain. There is lack of a complete and adequate pain assessment of the injured worker. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. The efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established.

Fentanyl patch 25 mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44.

Decision rationale: The California MTUS does not recommend fentanyl as a first line therapy. It is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There is lack of documentation of the injured worker's unresponsiveness to a first line therapy. There is lack of documentation that the injured worker's pain cannot be managed by other means and would require continuous opioid analgesia for pain. There is lack of a complete and adequate pain assessment of the injured worker. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. The efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established.

Norco 10/325 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug behavior and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.