

Case Number:	CM14-0034423		
Date Assigned:	06/20/2014	Date of Injury:	05/01/2011
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 Physician 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 44 year old male who was injured on 05/01/2011. The mechanism of injury is unknown. Prior medication history included trazodone, hydrochloride 50 mg, oxycontin 20 mg, methadone 5 mg, Norco 10/325 mg, Soma 350 mg, and ibuprofen 800 mg. The patient underwent right L3, L4 and L5 transforaminal epidural steroid injection on 10/21/2013. The patient has received an unknown total of sessions of physical therapy and TENS unit. Follow up report dated 02/13/2014 indicates the patient complained of bilateral lumbar sciatica pain. His sleep is interrupted by the pain and his medications do not provide him with relief. Objective findings on exam revealed tenderness to palpation of the lumbosacral spine at L4-L5. He has increased pain with extension and severe bilateral paraspinal tenderness, right greater than left. Straight leg raise test, lying and sitting, is positive bilaterally at the back only. He is unable to heel-to-toe walk without difficulty. He has decreased strength of right lower extremity and decreased sensation on the right. Deep tendon reflexes are 1+. Diagnoses are lumbar radiculopathy, lumbar facet arthropathy, and lumbar sprain/strain. The treatment and plan included Trazodone 50 mg, Soma 350 mg, Norco 10/325 mg, Oxycontin 20 mg. There is a request for bilateral L4, L5, and S1 TFESI (transforaminal epidural steroid injection) x2. Prior utilization review dated 02/25/2014 states the request for oxycontin 20 mg #60, Soma 350 mg #200, and Norco 10/325 mg #320 were not certified as there is no documented plan of tapering down from opioid use and Soma is not recommended to be taken for more than a 2 to 3 week interval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines (CPMT) recommend the use of opiates for the treatment of chronic non-malignant pain. The medical records document that the Morphine equivalent dose for the injured worker is currently 240 which is twice the recommended dose. Further, the documents do not show any plan to taper the medication to the lowest effective dose. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Soma 350 mg, QTY: 200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines (CPMT) recommend the use of Soma for the treatment of acute or subacute pain at a maximum dose of 350mg qid (4 times a day). It is not recommended to take the medication for a two to three week interval. The medical records document that the injured worker is prescribed a dose of 2 tablets of 350mg qid which is over the maximum recommended dose. Further, the documents show that the injured worker has chronic pain. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Norco 10/325 mg, QTY: 220: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines (CPMT) recommend the use of opiates for the treatment of chronic non-malignant pain. The medical records document that the Morphine equivalent dose for the injured worker is currently 240 which is twice the recommended dose. Further, the documents do not show any plan to taper the medication to the lowest effective dose. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

