

Case Number:	CM14-0034628		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2008
Decision Date:	08/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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 Alabama. 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 55 year old female who sustained an on injury on 09/11/2008. The mechanism of injury is unknown. Her past medication history as of 02/21/2014 (no VAS documented) included Lidoderm, Voltaren, Cymbalta, Senokot-s, Lunesta, Detrol, levothyroxine, Protonix, Imitrex, and Methylprednisolone. She has been taking Soma 350 mg, Norco 10/325 and Duragesic 50 mcg since 09/28/2013 to present. Her past treatment history included lumbar epidural injections which have provided her with greater than 50% relief in pain. Urine drug screening performed on 10/03/2013 revealed detection of Soma, hydrocodone and fentanyl which are part of the prescribed medications list. On visit note dated 02/21/2014, the patient presented with complaints of low back pain which she rated as 6/10. She reported her activities of daily living are affected by the pain and reported her sleep habits are fair. She noted her radicular pain has subsided but continues with constant pain around the left SI joint radiating to the upper anterior thigh. On exam, she has restricted range of motion of the thoracic spine with flexion and extension. There is spasm, tenderness and tight muscles noted bilaterally. The lumbar spine revealed reproducible pain with restricted range of motion as well, with flexion limited to 45 degrees and extension to 5 degrees. She has lumbar facet tenderness over the L4-S1, right greater than left. Gaenslen's is positive and lumbar facet loading is positive bilaterally. Straight leg raise is positive bilaterally as well as Faber test. She has decreased sensation over the lateral foot and lateral calf on the right side. Diagnoses are sacroiliac pain, lumbar spine degenerative disk disease, and low back pain. She was recommended to continue trazadone, start Amitiza for opioid induced constipation. Her Soma and Norco were decreased from three times daily to twice daily as pain has been reduced with lumbar epidural steroid injections. It is noted that the patient has received functional improvement with Norco and Soma such as ability to perform daily household tasks. Prior utilization review dated 03/14/2014 states the request for

Norco 10/325 mg #60 is not certified as there is no documented functional improvement; Soma 350 mg #60 is not certified as there is no documented functional improvement; Duragesic patches 50 mcg/hr #10 is not certified as there is no documented evidence of functional improvement; therefore all requests have not established medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid specific drug list (Norco) Page(s): 91.

Decision rationale: The CPMT recommends the use of opiates for the treatment of pain as a second or third line medication. Also there should be documentation that there is significant improvement in functional status with previous use of the medication. The medical records do not document any functional benefit or return to work with use of this medication. Further, the documents show that there is aberrant behavior with prior urine drug screening and no provider rationale for the continuation of the opiate medication. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) and Antispasmodics.

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

Decision rationale: The CPMT recommends the use of muscle relaxant for short term use in acute or sub-acute pain. The recommendation is typically 2-3 weeks. The medical records document that the patient has a chronic injury dating back to 2008. Further, the documents show multiple drug screens that were inconsistent with the medications prescribed. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Duragesic Patches 50 mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

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

Decision rationale: The CPMT recommends the use of opiates for the treatment of pain as a second or third line medication. Also there should be documentation that there is significant improvement in functional status with previous use of the medication. The medical records do not document any functional benefit or return to work with use of this medication. Further, the documents show that there is aberrant behavior with prior urine drug screening and no provider rationale for the continuation of the opiate medication. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.