

Case Number:	CM14-0034691		
Date Assigned:	03/20/2014	Date of Injury:	10/05/2012
Decision Date:	08/08/2014	UR Denial Date:	02/27/2014
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 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 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:

This 35 year-old patient sustained an injury on 10/5/12 while employed by [REDACTED]. Request under consideration include Urgent Percocet 10/325mg, #60 one tab po q6h prn pain, Urgent Soma 350mg, #45 one tab po q8h prn spasm, and Urgent MS Contin 15mg, #15, one tab po qhs prn pain. Diagnoses include lumbar degenerative disc disease. MRI of the lumbar spine dated 12/19/12 showed 1.9 mm bulging at L5-S1 and 1 mm bulging at L3-4 with mild canal and foraminal stenosis; otherwise negative MRI scan. Report of 1/14/14 from the provider noted the patient with chronic ongoing low back pain radiating to posterior left lower extremity, constant in nature, rated at 4/10. There is reported difficulty sleeping from pain. Exam showed lumbar spine with tenderness in midline; decreased range with flexion/extension/lateral flexion/lateral rotation of 70/0/5/6 degrees respectively; motor strength of 3-4/5 in all muscle groups of left leg; decreased sensation at anterior lateral left thigh and left leg; positive SLR (straight leg raise) on left at 45 degrees with radiation to left foot. Treatment included LESI (Lumbar epidural steroid injection), medications, physical therapy, and UDS (urine drug screen). The Request For Urgent Percocet 10/325mg, #60 one tab po q6h prn pain, Urgent Soma 350mg #45, one tab po q8h prn spasm, And Urgent MS Contin 15mg, #15, one tab po qhs prn pain were non-certified On 2/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT PERCOCET 10/325MG #60 ONE TAB PO Q6H PRN PAIN: Upheld

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

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

Decision rationale: It appears the patient has received multiple different opiates and muscle relaxants from multiple providers, a violation of pain contract for one provider prescribing. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence results presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The patient has received multiple opiates from different providers without discussion of aberrant behavior or change in treatment regimen. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Urgent Percocet 10/325mg, #60 one tab po q6h prn pain is not medically necessary and appropriate.

URGENT SOMA 350MG, #45 ONE TAB PO Q8H PRN SPASM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 65.

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

Decision rationale: It appears the patient has received multiple different opiates and muscle relaxants from multiple providers, a violation of pain contract for one provider prescribing. Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2012. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing TTP, spasm, and decreased range of motions, without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The Urgent Soma 350mg, #45 one tab po q8h prn spasm is not medically necessary and appropriate.

URGENT MS CONTIN 15MG #15, ONE TAB PO QHS PRN PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Discontinue Opioids. Page(s): 79, 80.

Decision rationale: It appears the patient has received multiple different opiates and muscle relaxants from multiple providers, a violation of pain contract for one provider prescribing. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence results presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The patient has received multiple opiates from different providers without discussion of aberrant behavior or change in treatment regimen. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Urgent MS Contin 15mg, #15, one tab po qhs prn pain is not medically necessary and appropriate.