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| Case Number: | CM14-0037049 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 09/10/2013 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 03/07/2014 |
| Priority: | Standard | Application Received: | 03/27/2014 |

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 Anesthesiologist, has a subspecialty in Pain Medicine 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 40-year-old male with a date of injury reported on 09/10/2013. The mechanism of injury was lifting. On the date of injury the injured worker ended up in the emergency room where he received an injection for pain and a prescription for Norco. The injured worker had an examination on 06/19/2014 where he presented for a followup for complaints of lower back pain and also for a re-evaluation regarding his multilevel thoracolumbar degenerative disc disease, lower extremity radiculopathy, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and nerve disorder. The injured worker complained of worsening low back pain, as well as right lower extremity. His medications consisted of ondansetron, Percocet, and Soma. The efficacy of those medications was not provided. The injured worker has had previous muscle relaxants which were not effective, epidural steroidal injections, rest, and physical therapy. The examination revealed that the injured worker's reflexes were 2+ in the knees, and his reflexes were absent in the ankles. His diagnoses consisted of degeneration of lumbosacral intervertebral disc disease, degenerative of lumbar intervertebral disc, and psychophysiological disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg #150: 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) 78-80 Page(s): 78-80.

Decision rationale: The California MTUS Guidelines recommend for the ongoing therapy of opioids, monitoring documentation of pain relief, side effects, physical and psychosocial function, and the occurrence of any potentially aberrant or non-adherent drug-related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker did not complain of any side effects. There was not a urine drug screen provided to assess for aberrant behaviors or non-adherent drug-related behaviors. An adequate and complete pain assessment is not provided within the medical records. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Percocet 5/325 mg #150 is not medically necessary.

Percocet 10/325 mg #30: 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)78-80 Page(s): 78-80.

Decision rationale: The California MTUS Guidelines recommend for the ongoing therapy of opioids, monitoring documentation of pain relief, side effects, physical and psychosocial function, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There was not a urine drug screen provided to assess for aberrant behaviors or non-adherent drug-related behaviors. An adequate and complete pain assessment is not provided within the medical records. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Percocet 10/325 mg #30 is not medically necessary.

Soma 350 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol, page(s) 29,65 Page(s): 29, 65.

Decision rationale: The California MTUS Guidelines state that Soma is not recommended. This medication is not indicated for long-term use. It is a commonly prescribed for centrally-acting skeletal muscle relaxants. The California MTUS Guidelines also suggest that Soma is not recommended for longer than 2 to 3 weeks. The injured worker has been prescribed this

medication since at least 11/2013. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Soma 350 is not medically necessary.