

Case Number:	CM14-0037653		
Date Assigned:	06/25/2014	Date of Injury:	04/10/2008
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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, has a subspecialty in Pain Management 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:

The patient is a 38 year old male with date of injury 4/10/08. The treating physician report dated 2/27/14 indicates that the patient presents with pain affecting the lumbar spine, right leg, right greater than left shoulder and cervical spine. MRI of the right shoulder dated 11/11/10 reveals supraspinatus tearing, superior labral tearing and mild acromioclavicular osteoarthritis. Lumbar MRI dated 12/4/13 reveals small disc protrusion at L3/4 and stable right hemilaminectomy defect at L4/5. The patient is prescribed Norco 325/10 #150, Fentanyl patch 25mcg #15, Soma 350mg #90, Valium 10mg #120, Duragesic patch 100mcg #15 and Oxycodone 30mg #180. The following medications were not filled; Cymbalta 60mg #30, Elavil 100mg #30 and Dulcolax 5mg#30. The following medications were stopped; Zanaflex and Ativan. The current diagnoses are: 1. Post Lami Syndrome lumbar; 2. Limb pain; 3. Rotator Cuff syndrome. The utilization review report dated 3/13/14 denied the request for Soma 350mg #90, Valium 10mg #120 and Oxycodone 30mg #180 with recommendation for weaning of Oxycodone as MED is 630, which exceeds the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom, generic available), and Muscle relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: The patient presents with chronic back pain with right lower extremity radiculopathy, bilateral shoulder pain and neck pain. The current request is for Soma 350mg #90. Review of the records provided show that the patient has been prescribed Soma since at least 12/4/13. The MTUS guidelines are very clear regarding Soma, which states, "Not recommended. This medication is not indicated for long-term use." Continued usage of this muscle relaxant is not supported by MTUS. Recommendation is for denial. The request is not medically necessary.

Valium 10 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with chronic back pain with right lower extremity radiculopathy, bilateral shoulder pain and neck pain. The current request is for Valium 10mg #120. Review of the reports submitted indicates that the patient has been taking Valium since at least 12/4/13. The MTUS guidelines state that Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The patient has been utilizing Valium for at least 3 months which is not supported by MTUS. Recommendation is for denial. The request is not medically necessary.

Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-82.

Decision rationale: The patient presents with chronic back pain with right lower extremity radiculopathy, bilateral shoulder pain and neck pain. The current request is for Oxycodone 30mg #180. The MTUS guidelines for opioid usage requires documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). The treating physician report dated 2/27/14 states, "Pain location: Low back, neck, Pain Radiation Pattern: Right leg to the foot. Severity: 3-8/10. Medications are providing a modicum of relief without uncontrolled side effects. Patient reports that he is better able to accomplish

ADLs with use of medication." In reviewing the 12/4/13 and 1/20/14 reports the information is identical in regards to the description of pain with nothing to indicate the effects of the Oxycodone usage. The MTUS guidelines require thorough documentation of the functional benefits of chronic opioid usage. In this case the treating physician has identical information month after month that do not show any functional benefit from the ongoing usage of Oxycodone. Recommendation is not medically necessary.