

Case Number:	CM14-0039630		
Date Assigned:	06/27/2014	Date of Injury:	10/09/1991
Decision Date:	08/18/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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 Family Medicine 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 injured worker's date of injury is 10/09/1991. Information about the original injury is not provided. The patient receives treatment for chronic low back pain with radiation to the lower extremities. The physician's treatment note dated 03/21/2014 states the patient has low back pain that radiates to the legs. The patient received Vicodin 5/550 mg, Percocet 10/325mg, Neurontin, Skelaxin, Flexeril and Lortab previously. The patient underwent L5-S1 spinal fusion in 1991. On exam the low back showed reduced ROM. Reflexes were symmetric. This review is an appeal for two drugs, oxycodone and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg, QTY 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The treating physician is appealing the previous denial of a refill of oxycodone 15mg, which is a long-acting opioid. This patient has chronic low back pain, failed back surgery syndrome, opioid dependence, and amphetamine abuse. The urine drug screen,

collection date 12/17/2013, is positive for methamphetamine and amphetamine (487 ng/mg creat and 51 ng/mg creat respectively). Despite signing a pain contract, the patient obtains and uses a highly addicting recreational drug, methamphetamine. The request for oxycodone is not medically appropriate or indicated.

Soma 350mg, QTY 120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: Soma (Carisoprodol) is considered a muscle relaxant, specifically an anti-spasmodic. Like other anti-spasmodics, it is indicated for no more than 2 or 3 weeks of therapy. This medication is metabolized to meprobamate, an anxiety medication, which is listed as a schedule IV drug in several states. Given this patient's long low back pain history, opioid use, and amphetamine use, Soma is not medically indicated.