

Case Number:	CM14-0042500		
Date Assigned:	06/30/2014	Date of Injury:	01/01/2002
Decision Date:	08/20/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 45 year old female injured on 01/01/02. The mechanism of injury is undisclosed. Current diagnoses include rotator cuff syndrome, postlaminectomy syndrome of the lumbar region, intervertebral lumbar disc disorder with myelopathy, acute reaction to stress, myalgia and myositis, enthesopathy of the hip region, degeneration of the lumbar/lumbosacral intervertebral disc, cervicgia, lumbago, brachial neuritis or radiculitis, and convulsions. Clinical note dated 04/01/14 indicates the injured worker presented for evaluation of chronic, severe neck and low back pain with history of multiple pain generators including both cervical and lumbar degenerative disc disease with radiculopathy. The injured worker reports average pain without medications is 10/10 and with medications is 6/10. The injured worker reports medications allow function with increased mobility, tolerance of activities of daily living, and home exercise program. Physical examination of the cervical spine revealed: tenderness to palpation of the paraspinals bilaterally with radiating pain to the upper extremities and shoulder, negative Spurling's, tenderness to palpation of the lumbar paraspinals, exquisite tenderness over L4-5 facets, sciatic notch tenderness present bilaterally, positive straight leg raising bilaterally, positive spasm bilateral cervical and lumbar, decreased lower extremity strength, no evidence of sensory loss, and reflexes 2+ and symmetrical bilaterally. Current medications include Oxycodone hydrochloride 15 milligrams four times daily, hydrocodone-acetaminophen 10/325 milligrams four times daily, and Soma 350 milligrams twice daily. The initial request for Oxycodone hydrochloride 15 milligrams one by mouth four times daily as needed for severe breakthrough pain Quantity 60 and Soma 350 milligrams one twice a day as needed for spasms Quantity 30 was initially non-certified on 03/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg, one by mouth four time daily as needed for severe breakthrough pain, #60.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, this medication is recommended as medically necessary at this time. As such, Oxycodone hydrochloride 15 milligrams, one by mouth four times daily as needed for severe breakthrough pain, Quantity 60 is recommended as medically necessary at this time.

Soma 350mg, one by mouth twice a day as needed for spasms, #30.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is Food and Drug Administration (FDA) approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. However, abrupt cessation of this medication can be harmful and requires a slow taper over two to four weeks. As such, the request for Soma 350 milligrams, one by mouth twice a day as needed for spasms, Quantity 30 is recommended as medically necessary.