

Case Number:	CM14-0049229		
Date Assigned:	07/02/2014	Date of Injury:	04/21/2010
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/15/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 32-year-old male who reported an injury on 04/21/2010. The mechanism of injury was the injured worker was carrying a 50 gallon can on his shoulder that contained concrete debris and was climbing into a dumpster to dump it. It was raining outside and slippery, and as the injured worker was climbing up the ladder, the injured worker slipped and fell 5 or 6 feet to the ground with a can weighing approximately 100 pounds still in his grip. The injured worker initially landed on his feet and then down his buttocks, with the can landing on top of him. Prior treatments included a right L5-S1 laminotomy with an excision of an epidural mass and discectomy on 02/28/2011. Additionally, the injured worker underwent a discectomy and laminotomy at L5-S1 in 2010. Other therapies included massage therapy, physical therapy, 2 epidurals, and a self-directed exercise program, as well as a TENS unit. Medication included muscle relaxants and opiates as well as naproxen as of early 2013. The documentation of 02/28/2014 revealed the injured worker was in the office for a pain management followup. The injured worker indicated with opioid medications, the injured worker had 100% improvement in sitting, standing, walking, and lifting as well as household chore tolerance. Work tolerance was improved by 100%. The injured worker was noted to not be requesting early refills. The diagnosis included radiculopathy and the discussion included that the injured worker had an increase in muscle spasms and wanted to increase his Soma. Additionally, it was noted the injured worker was working full-time. The treatment plan included Naproxen 500 mg 1 tablet 3 times a day, Norco 10/325 mg 1 tablet up to 5 times per day as needed, Oxycodone 30 mg 1 tablet 4 times a day as needed, and Soma 350 mg 1 tablet 3 times a day as well as Lunesta 2 mg 1 tablet nightly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg #120: 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 Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, and objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had an objective improvement in function. However, there was a lack of documentation of an objective decrease in pain and evidence the injured worker was being monitored for aberrant drug behavior and side effects. The cumulative dosing of the opiates, if taken as prescribed, would be 230 mg of oral morphine equivalents, which exceeds the recommendation for 120 mg of oral morphine equivalents per day. The clinical documentation indicated the injured worker had been utilizing the medication for at least 4 months. Given the above, the request for Oxycodone 30 mg #120 is not medically necessary and appropriate.

Norco 10/325 #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list ; Opioids for chronic pain Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, and objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had an objective improvement in function. However, there was a lack of documentation of an objective decrease in pain and evidence the injured worker was being monitored for aberrant drug behavior and side effects. The cumulative dosing of the opiates, if taken as prescribed, would be 230 mg of oral morphine equivalents, which exceeds the recommendation for 120 mg of oral morphine equivalents per day. The clinical documentation indicated the injured worker had been utilizing the medication for at least 4 months. Given the above, the request for Norco 10/325 mg #150 is not medically necessary and appropriate.

Soma 350 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time. There was a lack of documentation of objective functional improvement that was received as the injured worker indicated he had increased spasms. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #90 is not medically necessary and appropriate.

Naproxen 500 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects: Non selective NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and and objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had documented objective improvement in function. However, there was a lack of documentation of objective functional improvement. The clinical documentation indicated the injured worker had been on the medication for an extended duration of time. Given the above, the request for Naproxen 500 mg #90 is not medically necessary and appropriate.