

Case Number:	CM14-0054505		
Date Assigned:	07/07/2014	Date of Injury:	12/02/1994
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 Medicine and is licensed to practice in Oklahoma and Texas. 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 52-year-old female who reported an injury on 12/02/1994. The mechanism of injury was not provided for the clinical review. The diagnoses included depressive disorder, anxiety disorder and reflex sympathetic dystrophy. Previous treatments included nerve blocks, medications, injections, epidural steroid injections, physical therapy, a TENS unit and acupuncture. Within the clinical note dated 04/03/2014, it was reported that the injured worker complained of worsening left arm pain with numbness in the wrist, thumb and index fingers. The injured worker described the pain as sharp, dull/aching, stabbing, numbness, pressure, burning and stinging. The injured worker rated her pain at a 9/10 in severity on a bad day. Upon the physical examination, the provider noted that the injured worker had decreased sensation in the distal left upper extremity. The injured worker had normal deep tendon reflexes bilaterally. The provider indicated that the injured worker had no paraspinal muscle spasms. The injured worker had tenderness to palpation upon the sciatic notch. The provider requested Roxicodone and Soma. The Request for Authorization was submitted and dated 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Roxicodone #120 is non-certified. The injured worker complained of left arm pain with numbness in the wrist, thumb and index and ring fingers. She rated her pain at a 9/10 in severity. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction or poor pain control. The provider fails to document an adequate and complete physical pain assessment. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating that the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not provided in the clinical documentation. The injured worker has been utilizing the medication since at least 04/2014. Therefore, the request is non-certified.

Soma #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Soma #90 is not medically necessary. The injured worker complained of left arm pain with numbness in the wrist, thumb and index and ring fingers. She rated her pain at a 9/10 in severity. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines note that the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time since at least 04/2014, which exceeds the guideline recommendations for short-term use of 2 to 3 weeks. The request as submitted failed to provide the frequency and dosage of the medication. Therefore, the request is not medically necessary.