

Case Number:	CM14-0060387		
Date Assigned:	07/09/2014	Date of Injury:	05/23/2008
Decision Date:	09/12/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational 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 is a 44 year-old female patient with a 5/23/2008 date of injury. The mechanism of injury was sustained while loading a child in a wheelchair on to a bus and almost falling to the ground. This increased her already present chronic low back pain. On an exam dated 1/29/2014, the patient complained of low back pain radiating to the lower extremities. Physical examination revealed tenderness to palpation to the lumbar paraspinals. On a visit dated 2/26/2014 the patient had been approved for lumbar epidural steroid injections (LESI). The patient had also complained of incontinence and was to follow-up with an urologist. On a clinical report from 3/24/2014 the ESIs were being scheduled and the patient reported pain as 10/10 on the visual analog scale (VAS). The patient presented with decreased sensation in the L4-S1 levels of the lower extremities that was consistent with her radicular complaints. The diagnostic impression is chronic lower back pain and bilateral sciatica. It was documented at this time that the patient was taking 160 morphine equivalents per day of analgesia. Treatment to date: Diagnostics, MRI, home exercise, ice/heat treatments, medication management. A UR decision dated 4/7/2014 denied the request for oxymorphone 20mg quantity 60. The rationale for denial was that the patient was exceeding the 120 morphine equivalents per day maximum recommended by CA MTUS guidelines and she still rated her pain as 10/10. The rationale for denial of nabumetone 500mg is that CA MTUS guidelines do not recommend non-steroidal anti-inflammatory drugs (NSAIDs) for chronic pain and there is no report of any acute exacerbations. The rationale for denial of Soma 350mg is that chronic use of muscle relaxants is not recommended by the guidelines and there is no report of acute exacerbation or evidence of new injury. The rationale for denial of hydrocodone 10/325mg is that the patient is already exceeding the maximum of 120 morphine units per day recommended and there is no improvement in the relief of pain at a reported level of 10/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetamin. (Norco Tablets) - 325;10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiated
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient is currently on 160 morphine equivalent units per day, 40 MEQs greater than the CA MTUS recommended maximum. On a 3/24/2014 exam, the patient stated that her pain was a 10/10 on a VAS scale. The pain was not improved even though the patient was on a high dose of potent narcotics. Furthermore, there is no documentation of functional improvement or continued analgesia from the current medication regimen. There is no evidence of lack of aberrant behavior or adverse side effects. There is no documentation of any CURES monitoring, a current opiate contract, or urine drug screens. Therefore, the request for hydrocodone /acetamin. (Norco tablets)-325; 10mg is not medically necessary.

Nabumetone (Relafen Tablets) - 800mg: Upheld

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

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

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. CA MTUS guidelines do not recommend NSAIDS for chronic pain. NSAIDS are recommended only for the acute exacerbation of pain or in the evidence of a new injury. However, there is no documentation of either in these reports. Therefore, the request for nabumetone (Relafen tablets) 800mg is not medically necessary.

Carisoprodol (Soma Tablet) - 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant and Antispasmodic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. CA MTUS guidelines state that muscle relaxants are only recommended for short term use in an acute situation. However, there is no documentation in the reports of any acute exacerbation of the chronic problem or any evidence of a new injury. Therefore, the request for carisoprodol (Soma tablet) 350mg is not medically necessary.

Oxymorphone (Opana Tablets Extended Release) - 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The CA MTUS guidelines do not support the use of more than 120 morphine equivalent doses per day. This patient is currently receiving 160 morphine equivalent doses per day. The patient on a follow-up visit on 3/24/2014 is still complaining of pain at 10/10 on the VAS scale. The patient is taking a high dose of opioid analgesics with no improvement in her pain. Furthermore, there is no documentation of functional improvement or continued analgesia from her current medication regimen. There is no discussion of CURES monitoring, a current opiate pain contract, or urine drug screens to show compliance. Therefore, the request for oxymorphone (Opana tablets extended release) 20mg is not medically necessary.