

Case Number:	CM14-0060853		
Date Assigned:	07/09/2014	Date of Injury:	09/30/1998
Decision Date:	08/14/2014	UR Denial Date:	04/18/2014
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 Physical Medicine and Rehabilitation 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:

The injured worker is a 53-year-old female who reported an injury 09/30/1998. The mechanism of injury was not provided within the medical records. The clinical note dated 06/04/2014 indicated diagnoses of lumbar radiculopathy- right, and facet arthropathy-lumbar, degenerative disc disease-lumbar, sprain/strain lumbosacral. The injured worker reported ongoing exacerbation of upper axial low back pain that limited her activities of daily living and walking. The injured worker reported she had not responded to conservative treatment. The injured worker reported she went to the emergency room recently and received an injection and it had given her temporary relief. The injured worker reported over the past 3 months, she had gradually increased pain across the lower back that radiated into her anterior thighs. The injured worker reported lumbar pain and bilateral sciatica, right greater than left that was constant, sharp, dull, aching, throbbing, pins and needles stabbing and numbness. The injured worker reported spasms that were rated 10 that are always there. Aggravated factors included activity, sitting, standing and walking; and factors that alleviated the pain included heat, rest, lying down, and medication. On physical exam of the lumbar spine, the injured worker had tenderness over the facet joints with increased pain with extension, forward flexion of 65 degrees, hyperextension and right lateral bend and left lateral bend of 15 degrees. The injured worker's deep tendon reflex in the lower extremities for the right ankle was 1+ and the left ankle was 1+. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Voltaren, Lidoderm patch, Norco, fentanyl and Valium. The provider submitted requests for Soma, fentanyl, and Norco. The injured worker was counseled as to benefits of medication, dependence, addiction, and side effects. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 850mg #50 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: The request for Soma 850mg #50 with 1 refill is non-certified. The CA MTUS guidelines do not recommend Soma. This medication is not indicated for long-term use, and is a commonly prescribed; centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. As the provider indicated he was discontinuing Soma, Soma is not medically necessary. Therefore, Soma is non-certified.

Fentanyl 25mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl) Page 44, ongoing management, page 78, opioid dosing, page 86 Page(s): 78, 86.

Decision rationale: The request for Fentanyl 25mcg #15 is non-certified. California MTUS guidelines indicate that Duragesic (fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The injured worker reports her pain has increased. In addition, she reports her current pain is at 10. There is lack of functional improvement with the use of this medication. In addition, there is lack of a urine drug screen to document compliance. Moreover, the request does not indicate a frequency; therefore, the request is non-certified.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75, Ongoing Management, page 78 Page(s): 78.

Decision rationale: The request for Norco 10/325mg #120 is non-certified. California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker reported an increase in pain. Additionally, she reported her pain level as a 10. Moreover, there is lack of functional improvement with the use of this medication. In addition, there is lack of documentation of a urine drug screen indicating compliance. Furthermore, the request does not indicate a frequency for the medication. Additionally, Norco is for short-term use. It is not indicated how long the injured worker has been prescribed Norco. Therefore, the request is non-certified.