

Case Number:	CM14-0064734		
Date Assigned:	07/11/2014	Date of Injury:	08/30/1995
Decision Date:	08/13/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/07/2014

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, and has a specialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 75 year old male who was injured on 8/30/1995. The diagnoses are low back pain and left shoulder pain. The MRI of the lumbar spine showed degenerative disc disease, disc bulges and neural foraminal stenosis. On 5/6/2014, [REDACTED] noted subjective complaints of pain score of 6/10 with medications but 10/10 without medications on a scale of 0 to 10. The patient had completed PT, acupuncture and two epidural steroid injections with limited benefit. The physical examination revealed normal motor and sensory tests. The recommendation was that the patient should continue Percocet for pain. [REDACTED] noted that the patient was utilizing Celebrex and gabapentin for pain. The low back pain was being described as severe. There was tenderness in the lumbar sacral musculature. The patient was requesting extra Norco medications. There is no UDS or documentation that aberrant behavior had been excluded. Other medications are Soma for muscle spasm and Lunesta for sleep. A Utilization Review determination was rendered on 4/7/2014 recommending Modified certification of Norco 10/325mg #150 to #60, Soma 350mg #60 to #20 and Lunesta 3mg #30 2 refills to no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150 Refills 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74 -96, 124.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized during periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. The records indicate that the patient requested for extra doses of Norco. There is no UDS or other opioid monitoring measures on file. The patient was already certified for Percocet 10/325mg Quantity 120 since the partial certification of Norco. The criteria for the use of Norco 10/325mg Quantity 150 was not met. Therefore, Norco is not medically necessary.

Soma 350mg #60 Refill 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 63-66.

Decision rationale: The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasm associated with chronic pain. It is recommended that the use of sedative muscle relaxants be limited to periods of less than 4 weeks to minimize the risk of dependency, sedation and addiction. The concurrent use of muscle relaxants with other sedatives and opioids is associated with increased adverse drug interactions and severe complications. The record indicate that the patient has been utilizing Soma for many years. The patient is also utilizing opioids and Lunesta. The criteria for the use of Soma 350mg Quantity 60 Refill 1 was not met. Therefore, Soma is not medically necessary.

Lunesta 3mg #30 Refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: The CA MTUS did not address the use of sedatives and hypnotics in the treatment of insomnia associated with chronic pain. The ODG recommends that the use of sleep medications be limited to less than 6 weeks to minimize the development of tolerance, dependency, habituation, addiction and adverse interaction with opioids. The records indicate that the patient has been utilizing Lunesta for many years. There is no documentation of failure of first-line options such as proper sleep hygiene and optimum pain management measures. The patient is also utilizing Soma and Opioids. The criteria for the use of Lunesta was not met. Therefore, Lunesta is not medically necessary.