MAXIMUS Federal Services

Case Number:	CM14-0068840		
Date Assigned:	07/14/2014	Date of Injury:	03/15/2007
Decision Date:	08/13/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 03/15/2007. The mechanism of injury was not submitted within the medical records. The injured worker's diagnoses were listed as lumbar disc displacement, anxiety, depression, intermittent insomnia, and hypertension. Within the case notes, it was revealed that the patient had undergone a two (2) stage lumbar arthrodesis at L4-5 and L5-S1 in 2009. Within the clinical visit on 12/03/2013, it was noted to reveal that injured worker complained of back and leg pain that rated 8/10 to 9/10 on average. It was also noted that the injured worker also complained of moderate to severe difficulty with all activities of daily living and had an inadequate relief with 30 mg of MS-Contin. The physical examination revealed that the injured worker had a positive straight leg raise test bilaterally and hypesthesia of the lower extremities rated 3/5 with tenderness along the lumbar paraspinal muscles. Within the treatment plan, it was noted that the medications within the request are refills and are not initial prescriptions. The current medication list, along with other therapies were not provided within the submitted medical records. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for sixty (60) tablets of Norco 10/325 mg (twice daily for breakthrough pain) (Date of service: 04/08/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: The Chronic Pain Guidelines recognize four (4) domains that have been proposed as most relevant for the ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. Within the submitted medical records, it was shown that urine drug screens were performed with findings that were not consistent with the injured worker's listed medications at the time. There was no further documentation to show that this was addressed with the injured worker as to why there was a lack of detection within the urine drug screening for the medications that were provided at that time. In addition, there was a lack of documentation to show that there were adequate pain scales assessed to show the efficacy of the medication along with no documentation to provide evidence that the patient received functional gains as a result of utilizing the medication. Without further documentation to address the aforementioned deficiencies within the submitted medical records, the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary.

Retrospective request for ninety (90) tablets of Soma 350 mg (three times daily for muscle relaxation) (Date of service: 04/08/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain).

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

Decision rationale: The Chronic Pain Guidelines do not recommend Soma and it not indicated for long-term use. Soma is a commonly prescribed, centrally acting, skeletal muscle relaxant whose primary active metabolyte is meprobamate. It was shown through the documentation that the injured worker had utilized the medication for a prolonged period of time and was contraindicated by the guidelines for prolonged usage and is not supported at this time by the guidelines. As such, the request is not medically necessary.