

Case Number:	CM14-0081457		
Date Assigned:	09/08/2014	Date of Injury:	03/07/1995
Decision Date:	10/10/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 39-year-old female who reported an injury on 03/07/1995 caused by an unspecified mechanism. The worker was evaluated on 04/21/2014, and it was documented that the injured worker was there for a follow-up of chronic, intractable low back pain. The injured worker returned for medication refills. She described her pain as sharp, aching, burning, and throbbing. The frequency of pain was constant. She stated her pain level was rated at 6/10. There was difficulty staying asleep due to pain. With opiate medication, the injured worker noted that sitting, standing, walking, lifting, and house chore tolerance were improved by 70%. Work tolerance was improved by 10%. Physical examination of the lumbar spine revealed tenderness now in the right and left lumbar paravertebral regions at the L4-5 and L5-1 levels. Tenderness was present in bilateral sacroiliac joints. Tenderness noted to palpation over the sacrum. Tenderness was absent in the bilateral buttocks. Extension of lumbar spine was positive for back pain. Right lateral rotation of the lumbar spine was positive for back pain. Left lateral rotation of the lumbar spine was positive for back pain. Range of motion of the lumbar spine was restricted. Note the injured worker had a urine drug screen on 04/01/2014 that was positive for hydrocodone; however, it was not submitted for this review. Medications included Sentra, Theramine, OxyContin, Ibuprofen, Norco, Soma, and Valium. Diagnoses included herniated disc, cervical, spasm, muscle, spondylosis, cervical, herniated disc lumbar, lumbosacral spondylosis without myelopathy, and chronic pain syndrome. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #84: Upheld

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

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

Decision rationale: The requested Soma 350 mg #84, is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition, the guidelines do not recommend Soma to be used for long-term use. The request failed to include duration and frequency. Given the above, the request for Soma 350 mg is not medically necessary.

Oxycontin 40mg #252: 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 request OxyContin 40 mg # 252 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. There was lack of evidence of outcome measurements of conservative care such as, pain medication management. There was no urine drug screen for opioid compliance. The request submitted failed to indicate frequency and duration of medication. As such, the request is not medically necessary.

Norco 10/325 mg #224: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen .

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

Decision rationale: The request for Norco 10/325 mg # 224 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. In addition, there lack of evidence of outcome measurements of conservative care such as, medication pain management or home exercise regimen outcome improvements noted for the injured worker. As such, the request is not medically necessary.

Valium 10mg #84: Upheld

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

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

Decision rationale: The request is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted could determine duration of use for the prescribed Valium. Additionally, the request lacked frequency and duration of medication. As such, the request for Valium 10 mg # 84 is not medically necessary.