

Case Number:	CM14-0081625		
Date Assigned:	07/21/2014	Date of Injury:	09/07/2006
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
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 & 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 57-year-old female who reported an injury on 07/07/2006, the mechanism of injury was not provided. On 05/01/2014, the injured worker presented with increased pain in the low back that radiated to the right lower extremity. Current medications included Soma, Gabapentin, Trazodone, Dilaudid, Norco, And Promethazine. The diagnoses were status post lumbar fusion x2 from L3 to S1, status post hardware removal 06/2010, arachnoiditis, chronic right lower extremity radiculopathy, failed back syndrome, cervical myospasms with right upper extremity radiculitis, intractable pain syndrome, facet arthropathy L3-4 and L5-S1 on the right causing right lateral recess stenosis and status post failed spinal cord stimulator trial. Upon examination the injured worker was 250 pounds with a height of 5 feet 7 inches, a BMI of 39.15, a blood pressure of 167/49, and a pulse of 69. The provider recommended Dilaudid, Norco, Soma, and Gabapentin. The provider's rationale was not provided. The request for authorization form was dated 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Dilaudid 4mg Quantity 90 with no refills: Upheld

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

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

Decision rationale: The request for Dilaudid 4mg #90 with no refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. The injured worker has been prescribed Dilaudid since at least 12/2013, and the efficacy of the medication has not been provided. As such, the request for Dilaudid 4mg #90 is not medically necessary and appropriate.

Prospective usage of Norco 10/325mg Quantity 180 with no refills: Upheld

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

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

Decision rationale: The request for Norco 10/325mg Quantity 180 with no refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. The injured worker has been prescribed Norco since at least 12/2013, and the efficacy of the medication has not been provided. As such, the request for continued Norco 10/325mg #180 is not medically necessary and appropriate.

Prospective usage of Soma (Carisoprodol) 350mg Quantity 120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary, Low Back Chapter.

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

Decision rationale: The request for Soma (Carisoprodol) 350mg Quantity 120 with 1 refill is not medically necessary. The California MTUS Guidelines state that Carisoprodol is not recommended. The medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant. 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. As the guidelines do not recommend Carisoprodol, the medication would not be indicated. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Soma (Carisoprodol) 350mg #120 with 1 refill is not medically necessary and appropriate.

Prospective usage of Gabapentin 600mg Quantity 90 with 5 refills: Upheld

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

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

Decision rationale: The request for Gabapentin 600mg Quantity 90 with 5 refills is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line therapy for short-term treatment of acute exacerbations. They show more benefit beyond NSAIDs in pain relief and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The provider's request for gabapentin 600 mg with a quantity of 90 and 5 refills exceeds the guideline recommendation of short-term treatment. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Gabapentin 600mg #90 is not medically necessary and appropriate.