

Case Number:	CM14-0081742		
Date Assigned:	07/18/2014	Date of Injury:	06/01/2010
Decision Date:	09/03/2014	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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 32-year-old male who reported injury on 06/01/2010. The injured worker underwent urine drug screens. The diagnoses included radiculitis, neuritis, thoracic or lumbar. The medications included Prilosec, Diazepam, Soma, Robaxin, Lorazepam, Zolpidem, and Hydrocodone. Additionally, the injured worker was taking Colace and Norco. The most recent documentation from an orthopedist was dated 06/12/2014. The documentation indicated the injured worker was getting Soma. The injured worker was on Prilosec. The physician documented he reviewed the CURES report and told the injured worker to stop Soma and start Robaxin. The injured worker was noted to have 2 epidural steroid injections. The physical examination revealed spasms of the lumbar spine. The diagnosis was lumbar decompression and fusion. The discussion indicated that the injured worker had a urine toxicology screen, which was positive for Lorazepam, Zolpidem, and Hydrocodone. The physician documented he did not want the injured worker taking all the medications. The treatment plan included Prilosec twice a day, Colace 100 mg 3 times a day, and Norco no more than 4 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: 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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of the above criteria. Given the above, the request for Norco 10/325 #90 is not medically necessary.

Soma 350mg #90: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The duration of use could not be established through supplied documentation. There was a lack of documentation of objective functional benefit that was received from the medication. Additionally, per the submitted documentation the injured worker was to stop Soma and start taking Robaxin. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #90 is not medically necessary.

Colace 250mg #60: 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 Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend when initiating opioid therapy, there should be prophylactic treatment of constipation. The duration of use could not be established through supplied documentation. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Colace 250 mg #60 is not medically necessary.