

Case Number:	CM14-0088451		
Date Assigned:	07/23/2014	Date of Injury:	01/18/2011
Decision Date:	09/30/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 01/18/2011 due to an unknown mechanism. Diagnoses were status post lumbar spine fusion, status post slip and fall injury, status post shoulder arthroscopy, open reduction/internal fixation of the left humerus, open reduction/internal fixation of the left wrist, Colles' fracture, recurrent left rotator cuff tear, left biceps tendon rupture, lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, lumbar facet arthropathy, sacroiliac joint arthropathy, status post L4-5 and L5-S1 laminectomy. Past treatments were not reported. Diagnostic studies were MRI of the lumbar spine and CT scan. CT scan on 03/11/2014 revealed status post L4-5 and L5-S1 interbody fusion with appropriate arthrodesis. There was no malalignment. There were mild degenerative changes of the low lumbar spine. There was also posterolateral fusion at the L4 through S1 and pedicle screw fixation. Surgical history was 2 back fusions, left shoulder arthroscopy, open reduction, internal fixation of the left humerus, open reduction, internal fixation of the left wrist. Physical examination on 03/14/2014 revealed complaints of lumbar spine pain, which was rated an 8/10 on the pain scale. There were complaints of pain that radiated down the bilateral legs with numbness and tingling to the left leg and down to the foot. Examination of the lumbar spine revealed diffuse lumbar paraspinal muscle tenderness noted. There was moderate facet tenderness noted at the L4 through S1 levels. There was limited range of motion of the lumbar spine. There was decreased sensation along the L4 and L5 dermatomes bilaterally, left greater than the right. Medications were oxycodone 30 mg 1 tab 3 times a day, Percocet 10/325 mg 1 every 4 to 6 hours, Soma 350 mg 1 every 4 to 6 hours, quazepam 50 mg 1 at bedtime. The plan was to continue medications as directed and to undergo a urine toxicology screening. Request was for medications of Percocet, Soma, quazepam, and oxycodone. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet; Ongoing Management Page(s): 76,86; 78.

Decision rationale: The decision for Percocet 10/325 mg #120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that Percocet is recommended for moderate to severe chronic pain and that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day. The 4 A's were not documented for this medication. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Soma 350 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29,65.

Decision rationale: The decision for Soma 350 mg #120 is not medically necessary. The California Medical Treatment Utilization Schedule states that Soma is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is to generalize sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary.

Quazepam 15mg (Amount not Specified): 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 decision for Quazepam 15mg (Amount not Specified) is not medically necessary. The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Therefore, the request is not medically necessary.

Oxycodone 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Ongoing Management Page(s): 75,86; 78.

Decision rationale: The decision for Oxycodone 30mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend oxycodone for moderate to severe chronic pain and that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. According to the oral morphine equivalents per day, the injured worker is taking 130 mg. This exceeds the recommended guideline of 120 mg oral morphine equivalents per day. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.